

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S18536

FILED
Jan 10, 2007
Secretary of State

Entity Name: KARL D. JONES, M.D., P.A.

Current Principal Place of Business:

5800 49TH ST N
SUITE 206 SOUTH
ST PETERSBURG, FL 33709 US

New Principal Place of Business:

Current Mailing Address:

5800 49TH ST N
SUITE 206 SOUTH
ST PETERSBURG, FL 33709 US

New Mailing Address:

FEI Number: 59-3039393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEUKAMM, JOHN
101 E KENNEDY BLVD
SUITE 3140
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: M.D. () Delete
Name: JONES, KARL D. M.D., PA
Address: 5800 49TH ST N., SUITE 205
City-St-Zip: ST PETERSBURG, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M.D. (X) Change () Addition
Name: JONES, KARL D. M.D., PA
Address: 5800 49TH ST N., SUITE 206S
City-St-Zip: ST PETERSBURG, FL 33709

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARL D. JONES

MD

01/10/2007

Electronic Signature of Signing Officer or Director

Date