

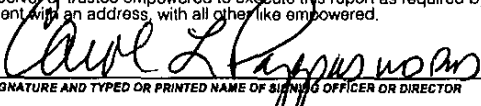


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # S20527 1. Entity Name CAROL L. PAPPAS, M.D., PH.D., P.A.				
Principal Place of Business 2191 9TH AVENUE NORTH SUITE 230 ST. PETERSBURG, FL 33713		Mailing Address 2191 9TH AVENUE NORTH SUITE 230 ST. PETERSBURG, FL 33713		
DO NOT WRITE IN THIS SPACE				
				 02212007 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE		4. FEI Number 59-3037901		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PAPPAS, CAROL L. 2191 NINTH AVE NORTH 320 ST. PETERSBURG, FL 33713		DO NOT WRITE IN THIS SPACE		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE 03/30/07-80041-004 150.00
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAPPAS, CAROL L. 2191 9TH AVE N S-230 ST. PETERSBURG, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		CAROL L PAPPAS M.D. 3/19/07 727 321 5212 <small>Date Daytime Phone #</small>		