

2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
May 13, 2008
Secretary of State**

DOCUMENT# S38369

Entity Name: ANGELO P. THROWER, M.D. P.A.

Current Principal Place of Business:

New Principal Place of Business:

180 NE 99TH ST
MIAMI SHORES, FL 33138 US

Current Mailing Address:

New Mailing Address:

180 NE 99TH ST
MIAMI SHORES, FL 33138 US

FEI Number: 65-0248448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

THROWER, ANGELO P M.D.
180 NE 99TH ST
MIAMI SHORES, FL 33138 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: THROWER, ANGELO P
Address: 180 NE 99TH STREET
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Delete
Name: THOMAS, DORIS
Address: 180 NE 99TH STREET
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANGELO P. THROWER, MD

PRES

05/13/2008

Electronic Signature of Signing Officer or Director

Date