

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 18, 2006
Secretary of State**

DOCUMENT# V22962

Entity Name: PEDRO J. MORALES, M.D. AND TIM P. CARLSON, M.D., P.A.

Current Principal Place of Business:

2191 9TH AVENUE NO.
SUITE 220
ST PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

2191 9TH AVENUE NO.
SUITE 220
ST PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 59-3111091 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORALES, PEDRO J.
4711 COCONUT PALM CIR NE
ST PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

MORALES, PEDRO J MD
4711 COCONUT PALM CIR NE
ST PETERSBURG, FL 33703 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: PEDRO J MORALES, MD 05/18/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORALES, PEDRO J.,
Address: 4711 COCONUT PALM CIR NE
City-St-Zip: ST PETERSBURG, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: MORALES, PEDRO J MD
Address: 4711 COCONUT PALM CIR NE
City-St-Zip: ST PETERSBURG, FL

Title: VPTD () Change (X) Addition
Name: CARLSON, TIM P MD
Address: 1215 DARLINGTON OAK CIR NE
City-St-Zip: ST PETERSBURG, FL 33703

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: PEDRO J MORALES, MD PSD 05/18/2006
Electronic Signature of Signing Officer or Director Date