


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90051 050 ***150.00

DOCUMENT # P99000075001

1. Entity Name
KATHLEEN A MACISAAC, M.D., INC.



Principal Place of Business Mailing Address

**3215 SOUTH MACDILL AVENUE
 SUITE H
 TAMPA, FL 33629**

**3215 SOUTH MACDILL AVENUE
 SUITE H
 TAMPA, FL 33629**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

4320 S MANHATTAN AVE **4320 S MANHATTAN AVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

TAMPA FL **TAMPA FL**

Zip Country Zip Country

33611-1304 **33611-1304** **FL** **33611-1304**

40090000



02012008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

59-3594889 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MAC ISAAC, KATHLEEN A
 3215 S. MAC DILL AVE.
 SUITE H
 TAMPA, FL 33629**

7. Name and Address of New Registered Agent

Name
MACISAAC, KATHLEEN A

Street Address (P.O. Box Number is Not Acceptable)
4320 S MANHATTAN AVE

City State Zip Code

TAMPA FL 33611-1304

B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACISAAC, KATHLEEN A 3215 S. MAC DILL AVE. STE#H TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACISAAC, KATHLEEN A 4320 S MANHATTAN AVE TAMPA FL 33611-1304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Kathleen A MacIsaac* **Kathleen A MacIsaac** **3/3/08** **813 805-6333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #