

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H84192

**Entity Name:** MICHAEL A. SCANNON, M.D., P.A.

**Current Principal Place of Business:**

4200 N.ARMENIA AVE.  
STE. 1  
TAMPA, FL 33607

**Current Mailing Address:**

4200 N.ARMENIA AVE.  
STE. 1  
TAMPA, FL 33607

**FEI Number:** 59-2595073

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HINES, JAMES P.  
315 HYDE PARK AVENUE  
TAMPA, FL 33606 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

**Officer/Director Detail :**

Title	PD	Title	S
Name	SCANNON, MICHAEL A.	Name	SCANNON, SUSAN F.
Address	4200 N.ARMENIA AVE.	Address	4200 N. ARMENIA
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607

*I hereby 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 all other like empowered.*

**SIGNATURE:** SUSAN F SCANNON

**SEC/TRES**

**03/05/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date