

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000084436

**Entity Name:** THOMAS M. KERR, M.D., P.A.

**Current Principal Place of Business:**

2809 W. WATERS AVE.  
TAMPA, FL 33614

**Current Mailing Address:**

19185 NORTH DALE MABRY HWY  
LUTZ, FL 33548 US

**FEI Number:** 59-3422525

**Certificate of Status Desired:** No

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

BROMM, JOSEPH  
5135 W. CYPRESS STREET  
SUITE 104  
TAMPA, FL 33607 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            PRES  
Name            KERR, THOMAS M  
Address        2809 W. WATERS AVE.  
City-State-Zip: TAMPA FL 33614

*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:** THOMAS M. KERR

PRES

02/20/2017

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

\_\_\_\_\_ Date