

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

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03152007 Chg-P CR2E034 (12/06)

DOCUMENT #698240					
1. Entity Name BARRY A. REED, M.D., P.A.					
Principal Place of Business 8353 SW 124TH ST #103 C/O BARRY A. REED MIAMI, FL 33156			Mailing Address 8353 SW 124TH ST #103 C/O BARRY A. REED MIAMI, FL 33156		
2. Principal Place of Business - No P.O. Box # <i>9150 SW 87 Ave</i>			3. Mailing Address <i>12245 SW 64 Ave</i>		
Suite, Apt. #, etc. <i>#100</i>			Suite, Apt. #, etc.		
City & State <i>MIAMI FL</i>			City & State <i>MIAMI FL</i>		
Zip <i>33176</i>		Country <i>USA</i>		Zip <i>33156</i>	
				Country <i>USA</i>	
4. FEI Number 59-2117363			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent REED, BARRY A 8353 SW 124TH ST #103 MIAMI, FL 33156			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>9150 SW 87 Ave Suite #100</i> City <i>MIAMI</i> <i>FL</i> Zip Code <i>33176</i>		
8. 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 <i>Barry A. Reed MD</i> 3/21/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PSD REED, BARRY A 8353 S W 124TH ST #103 MIAMI, FL 00000.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>9150 SW 87 Ave Suite 100</i> <i>MIAMI FL 33176</i>	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: <i>Barry A. Reed MD</i>			Date <i>3/19/07</i> 305-274-3664		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		