

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2007 08:00 A
Secretary of State

DOCUMENT #484991 1. Entity Name A.J. BARHOUSH M.D., P.A.	
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Principal Place of Business 1054 SW 1ST AVE. OCALA, FL 34474	Mailing Address 1054 SW 1ST AVE. OCALA, FL 34474
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DO NOT WRITE IN THIS SPACE

04162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1625727	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARHOUSH, A J
1054 SW 1ST AVENUE
OCALA, FL 34474

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IN THIS SPACE**

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 _____
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
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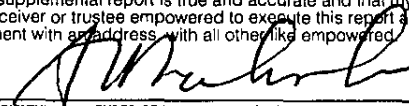
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARHOUSH, A J 1054 SW FIRST AVE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARHOUSH, A.J. 1054 SW FIRST AVE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALKER, VALECIA 1986 LAURAL RUN DRIVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____