



2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # 491620 1. Entity Name A.H. BARHOUSH M.D., P.A.	
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Principal Place of Business A H BARHOUSH M D P A 225 S W 1ST ST BELLE GLADE, FL 33430	Mailing Address A H BARHOUSH M D P A 225 S W 1ST ST BELLE GLADE, FL 33430
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DO NOT WRITE IN THIS SPACE

	
02222007 No Chg-P	CR2E034 (11/05)
4. FEI Number 59-1644645	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARHOUSH, A H 1701 NW AVE D BELLE GLADE, FL 33430
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

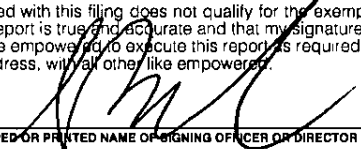
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARHOUSH, A H 225 SW 1ST ST BELLE GLADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARHOUSH, A H 225 SW 1ST ST BELLE GLADE, FL
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03/09/07-80015-015 150.00

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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:  **2/26/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #