


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 10, 2006 08:00 AM  
Secretary of State

|   |   |                                 |   |  |  |
|---|---|---------------------------------|---|--|--|
| <b>DOCUMENT # 520470</b><br>1. Entity Name<br><b>BARBARA L. SCHWARTZ, MD, PA.</b>   |   |                                 |   |   |  |
| Principal Place of Business<br><b>1925 MIZELL AVE STE 306<br/>WINTER PARK FL 32792</b>  |   |                                 |   | Mailing Address<br><b>1925 MIZELL AVE STE 306<br/>WINTER PARK FL 32792</b>   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |                                 |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |
| City & State  |   |                                 |   | City & State   |  |
| Zip   |   | Country                         |   | 4. FEI Number<br><b>59-1714710</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |                                 |   | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BOURQUE, BARBARA<br/>1004 BRIELLE AVE<br/>OVIEDO FL 32765</b>   |   |                                 |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 re-instating) DATE _____  |   |                                 |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   |                                 |   | 9. Election Campaign Financing <b>\$5.00 May Be Added to Fees</b><br>Trust Fund Contribution. <input type="checkbox"/>               |  |
| 10. OFFICERS AND DIRECTORS  |   |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PST<br>SCHWARTZ, BARBARA L<br>1925 MIZELL AVE STE 306<br>WINTER PARK FL 32792 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>GULDEN, PETER J.<br>1925 MIZEL AVE STE 306<br>WINTER PARK FL 32792       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>HELLER, B. J.<br>116 E CONCORD ST<br>ORLANDO FL                          | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. |   |                                 |   |  |  |
| <b>SIGNATURE:</b> <i>Barbara Schwartz MD</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |                                 |   |  |  |
| Date _____ Daytime Phone # _____  |   |                                 |   |  |  |



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02/21/06-80045-014-150.00