

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # 603366

1. Entity Name
WARREN L. HERRON JR. M.D., P.A.



Principal Place of Business
1717 NORTH E STREET
SUITE # 206
PENSACOLA, FL 32501

Mailing Address
404 N. SUNSET BLVD.
GULF BREEZE, FL 32561 US



02082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1376555

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERRON JR, WARREN L.
404 N SUNSET
GULF BREEZE, FL 32561

**DO NOT WRITE
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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HERRON JR, WARREN L.
STREET ADDRESS 404 N SUNSET
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE SD
NAME HERRON, MARY L.
STREET ADDRESS 404 N. SUNSET
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE T
NAME BALLEW, ELIZABETH L
STREET ADDRESS 124 PALMETTO ROAD
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000865161
04/07/08-80017-018 150.00

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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: *Warren L. Herron* *Mary L. Herron* 3/19/08 850-932-5966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR