2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2009
Secretary of State

DOCUMENT# 603366

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

Current Principal Place of Business:

1717 NORTH E STREET
SUITE # 206
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1376555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: WARREN L. HERRON, JR., M.D. 03/01/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HERRON JR, WARREN L.,
Address: 404 N SUNSET
City-St-Zip: GULF BREEZE, FL 32561

Title: SD ( ) Delete
Name: HERRON, MARY L.,
Address: 404 N. SUNSET
City-St-Zip: GULF BREEZE, FL 32561

Title: T ( ) Delete
Name: BALLEW, ELIZABETH L
Address: 124 PALMETTO ROAD
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WARREN L. HERRON, JR., M.D. PD 03/01/2009
Electronic Signature of Signing Officer or Director Date