

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 647869

FILED
Apr 04, 2007
Secretary of State

Entity Name: BOND & STEELE CLINIC, P.A.

Current Principal Place of Business:

500 EAST CENTRAL AVENUE
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

500 EAST CENTRAL AVENUE
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 59-1867898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLARD, III, M.D., EDGAR H.
500 EAST CENTRAL AVENUE
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLARD, III, EDGAR H. MD
Address: 500 E CENTRAL AVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: S () Delete
Name: GHALY, JOSEPH MD
Address: 500 EAST CENTRAL AVENUE
City-St-Zip: WINTER HAVEN, FL 33880

Title: T () Delete
Name: MILLER, CHRISTOPHER E MD
Address: 500 EAST CENTRAL AVENUE
City-St-Zip: WINTER HAVEN, FL 33880

Title: T () Delete
Name: EDWARDS, J. RANDALL MD
Address: 500 E CENTRAL AVENUE
City-St-Zip: WINTER HAVEN, FL

Title: T () Delete
Name: SALLMAN, ALAN MD
Address: 500 EAST CENTRAL AVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: T () Delete
Name: MAGNO, ALEXANDER MD
Address: 500 EAST CENTRAL AVE
City-St-Zip: WINTER HAVEN, FL 33880

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:

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 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: EDGAR H. WILLARD, III, M.D.

P

04/04/2007

Electronic Signature of Signing Officer or Director

Date