FILED
Jan 25, 2007 08:00 A
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 681945

1. Entity Name
HERBERT E. BROOKS, M.D., P.A.

Principal Place of Business	Mailing Address
310 BYRD AVENUE BONIFAY, FL 32425	310 BYRD AVENUE BONIFAY, FL 32425

DO NOT WRITE IN THIS SPACE

01152007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2021817

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROOKS, HERBERT E.
310 BYRD AVENUE
BONIFAY, FL 32425

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 _____ U00000603926 01/29/07-80028-015 150.00
Signature, type or print 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, 2007 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	BROOKS, HERBERT E.
STREET ADDRESS	310 BYRD AVENUE
CITY-ST-ZIP	BONIFAY, FL
TITLE	ST
NAME	BROOKS, HERBERT E.
STREET ADDRESS	310 BYRD AVENUE
CITY-ST-ZIP	BONIFAY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _____ 1/22/07 850-547-2611
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #