

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 689678

FILED
Mar 04, 2009
Secretary of State

Entity Name: GERALD J. BALSAM, M.D., P.A.

Current Principal Place of Business:

434 W KENNEDY BLVD
ORLANDO, FL 32810 US

New Principal Place of Business:

736 N. MAGNOLIA AVE
ORLANDO, FL 32803 US

Current Mailing Address:

PO BOX 941305
MAITLAND, FL 327941305 US

New Mailing Address:

FEI Number: 59-2034146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALSAM, GERALD J MD
434 W KENNEDY BLVD
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

BALSAM, GERALD J MD
736 N. MAGNOLIA AVE
ORLANDO, FL 32803 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: GERALD J. BALSAM, MD

03/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BALSAM, GERALD J.,
Address: 434 W KENNEDY BLVD
City-St-Zip: ORLANDO, FL 32810 US

Title: STD () Delete
Name: BALSAM, LENORE S.,
Address: 434 W KENNEDY BLVD
City-St-Zip: ORLANDO, FL 32810 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BALSAM, GERALD J.,
Address: 736 N. MAGNOLIA AVE
City-St-Zip: ORLANDO, FL 32803 US

Title: STD (X) Change () Addition
Name: BALSAM, LENORE S.,
Address: 736 N. MAGNOLIA AVE
City-St-Zip: ORLANDO, FL 32803 US

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: GERALD J. BALSAM, MD

PD

03/04/2009

Electronic Signature of Signing Officer or Director

Date