

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F26661

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: BARRY SIMON, M.D., P.A.

## Current Principal Place of Business:

1515 NORTH FLAGLER DRIVE  
SUITE 700  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

## Current Mailing Address:

1515 N. FLAGLER DR.  
SUITE 700  
WEST PALM BEACH, FL 33401

## New Mailing Address:

1515 NORTH FLAGLER DRIVE  
SUITE 700  
WEST PALM BEACH, FL 33401

FEI Number: 59-2068054

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMON, BARRY  
1515 N. FLAGLER DR  
SUITE 700  
WEST PALM BEACH, FL 33401 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: MD ( ) Delete  
Name: SIMON, BARRY,  
Address: 1515 N. FLAGLER DR. SUITE 700  
City-St-Zip: WEST PALM BEACH, FL 33401

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BARRY SIMON

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date