## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT #F71596

1. Entity Name

TERRENCE J. BARRY, M.D., P.A.



FILED Apr 28, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

3802 NE 207TH STREET SUITE 2302 AVENTURA, FL 33180 3802 NE 207TH STREET SUITE 2302 AVENTURA, FL 33180



04162008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2168537

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARRY, TERRENCE J 3802 NE 207TH STREET SUITE 2302 AVENTURA, FL 33180

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registere		oth, in the State of Florida. I am familia	ar with, and accer
SIGNATURE_	Signature typed or printed name of registered agent and title i	applicable (NOTE Registered	d Agent signature required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	<ol><li>Election Campaign Finan Trust Fund Contribution.</li></ol>	\$5.00 May Be Added to Fees	U00000924070 05/16/08-80058-021	150.00
10.		图45 指揮。一貫原文語為第	EETSERA ESPASE AMERICA	建设建设 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BARRY, TERRENCE J 3802 NE 207TH STREET SUITE 2302 AVENTURA, FL 33180				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					Application of the second of t

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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: X

TITLE
NAME
STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CONTACT ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OPPICER OR DIRECTO

0 × /23 /08 305-173-7543

Daytime Phone