

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # F97000002672

1. Entity Name

SPANISH TRACE OF ORLANDO, INC.



Principal Place of Business

1930 STONEGATE DR
BIRMINGHAM, AL 35242

Mailing Address

1930 STONEGATE DR
BIRMINGHAM, AL 35242



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number

72-1373396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PANICO, JAMES P
111 SOUTH MAITLAND
MAITLAND, FL 32751

**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

Signature, typed or printed 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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HEERSINK, MARNIX E M.D.
STREET ADDRESS 2800 ROSS CLARK CIRCLE SW
CITY-ST-ZIP DOTHAN, AL 36301

TITLE PDS
NAME BAREFIELD, J FRANK JR
STREET ADDRESS 1930 STONEGATE DR
CITY-ST-ZIP BIRMINGHAM, AL 35242

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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02/23/08-80045-012 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #