

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 A
Secretary of State

DOCUMENT # G11156

1. Entity Name
TIMOTHY B. BULLARD, M.D., P.A.



Principal Place of Business
EMERGENCY DEPARTMENT/ORLANDO REG MED.
1414 S. ORANGE AVENUE
ORLANDO, FL 32806

Mailing Address
1512 S. ORANGE AVE
ORLANDO, FL 32806 US



01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2239197	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BULLARD, TIMOTHY MD
1512 S. ORANGE AVE
ORLANDO, FL 32806

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BULLARD, TIMOTHY B M.D.
STREET ADDRESS	9159 GREAT HERON CIRCLE
CITY- ST- ZIP	ORLANDO, FL 32836
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	

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02/04/05-80058-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Timothy B. Bullard, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/05 *401-876-6001*
Date Daytime Phone #