

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 AM**  
**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

1720 SOUTH COOK  
ORLANDO, FL 32806 US



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2239197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BULLARD, TIMOTHY MD  
1720 S. COOK 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, 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 P  
NAME BULLARD, TIMOTHY B M.D.  
STREET ADDRESS 9159 GREAT HERON CIRCLE  
CITY-ST-ZIP ORLANDO, FL 32836

TITLE  
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CITY-ST-ZIP

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01/17/08-80016-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Timothy B. Bullard, MD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/08  
Date

321-843-4242  
Daytime Phone #