


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # G55303
 1. Entity Name
 BELINDA E. DICKINSON, M.D., P.A.



Principal Place of Business 1325 S. APOLLO BLVD MELBOURNE, FL 32901 US	Mailing Address 1325 S. APOLLO BLVD MELBOURNE, FL 32901 US
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02252007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2316521	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 DICKSON, BELINDA
 1325 S. APOLLO BLVD.
 MELBOURNE, FL 32901

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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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DICKINSON, BELINDA E 1325 S. APOLLO MELBOURNE, FL 32901
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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  BELINDA DICKINSON 3/8/07 (321) 676-5623

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #