


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H74527**  
 1. Entity Name  
 BEVERLY H. BRIMACOMB, P.A.



Principal Place of Business  
 5631 U.S. HIGHWAY 98 SOUTH  
 LAKELAND, FL 33813

Mailing Address  
 5631 U.S. HIGHWAY 98 SOUTH  
 LAKELAND, FL 33813

**DO NOT WRITE IN THIS SPACE**



02032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2599178	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 BRIMACOMB, BEVERLY H.  
 5631 U.S. HIGHWAY 98 SOUTH  
 LAKELAND, FL 33813

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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 BRIMACOMB, BEVERLY H. 5631 U.S. HWY. 98 SO. LAKELAND, FL
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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: Beverly H. Brimcomb DVM 2-3-2006 8344-6634  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #