

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K97168** (4)

1. Corporation Name

**DONNA S. BARFIELD, P.A.**



Principal Place of Business

Mailing Address

**9200 DADELAND BLVD.  
SUITE 417  
MIAMI FL 33156  
US**

**9200 S. DADELAND BLVD  
SUITE 417  
MIAMI FL 33156  
US**

2. Physical Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BARFIELD, DONNA S.  
9200 S. DADELAND BLVD.  
SUITE 417  
MIAMI FL 33156**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**06/22/1989**

3a. Date of Last Report

**06/15/1995**

4. FEI Number

**59-2840916**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE

(Print or type name of registered agent, if applicable)

(Print or type name of agent signing separate statement)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	BARFIELD, DONNA S.	2. NAME	
3. STREET ADDRESS	9200 S. DADELAND BLVD., STE. 417	3. STREET ADDRESS	
4. CITY, ST., ZIP	MIAMI FL	4. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY, ST., ZIP		8. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST., ZIP		12. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST., ZIP		16. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST., ZIP		20. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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; that the recipient of this report is authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached form with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96 3056702711

CR2E034 (12/95)