

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L73909

FILED  
Jan 08, 2012  
Secretary of State

Entity Name: BARNHILL CLINIC, P.A.

**Current Principal Place of Business:**

5270 NW 34 STREET  
GAINESVILLE, FL 32605 US

**New Principal Place of Business:**

**Current Mailing Address:**

5270 NW 34 STREET  
GAINESVILLE, FL 32605 US

**New Mailing Address:**

FEI Number: 59-3019790

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARNHILL, ROBERT D DR.  
5270 NW 34TH ST  
GAINESVILLE, FL 32605 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: O  
Name: BARNHILL, ROBERT D D.C.  
Address: 2718 NW 62 TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: D  
Name: GRAHAM, LAURI L D.C.  
Address: 2718 NW 62 TERRACE  
City-St-Zip: GAINESVILLE,, FL 32606

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT BARNHILL

O

01/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date