## **2007 FOR PROFIT CORPORATION**

## FILED Mar 29, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P0000001835 BRIDGET BELLINGAR, D.O., P.A. Principal Place of Business Mailing Address 8588 STARKEY ROAD SUITE A 8588 STARKEY ROAD SUITE A LARGO, FL 33777 LARGO, FL 33777 03202007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3614420 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARQUARDT, EMIL C JR DO NOT WRITE 625 COURT STREET SECOND FLOOR CLEARWATER, FL 33756 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE BELLINGAR, BRIDGET NAME STREET ADDRESS 8588 STARKEY ROAD SUITE A CITY-ST-7IP LARGO, FL 33777 TITLE U000000682572 NAME 04/05/07-80008-012 150.0¢ STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information applied 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 of true de empowered by 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 grant properties.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND T

Daytime Phone #