


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90108 015 ***150.00

DOCUMENT # P00000052786 1. Entity Name BLESSILDA B. LIU, M.D., P.A.					
Principal Place of Business 2623 N FOREST RIDGE BLVD HERNANDO, FL 34442			Mailing Address PO BOX 640524 BEVERLY HILLS, FL 34464		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent LIU, BLESSILDA B 2623 N FOREST RIDGE BLVD HERNANDO, FL 34442				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LIU, BLESSILDA B 442 S.W. 1ST PLACE CRYSTAL RIVER, FL 34429 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIU, ALEXANDER O JR 442 S.W. 1ST PLACE CRYSTAL RIVER, FL 34429 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Blessilda B Liu M.D.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>5/3/08 for 4/30/2008 352 746 4684</u> <small>Date Daytime Phone #</small>		

40098736



02212008 Chg-P CR2E034 (12/06)

4. FEI Number **59-3649487** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Blessilda B. Liu, M.D., P.A.
2623 N. Forest Ridge Boulevard
Beverly Hills, FL. 34465

ATTACHMENT
40098736
#P00000052786

May 4, 2008

Division of Corporations
Corporate Filings
Post Office Box 6327
Tallahassee, FL. 32314

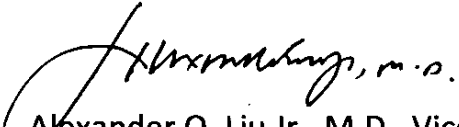
RE: 2008 Corporation Annual Report, Document Number P00000052786

Gentlemen:

Enclosed please find my 2008 annual report together with my check for the required filing fees. Please be advised that we did not receive our report, and the filing requirement was just brought to our attention over the weekend. Accordingly, I would respectfully request an abatement of any late filing penalties that may apply.

Thank you for your assistance in this matter.

Sincerely,



Alexander O. Liu Jr., M.D., Vice President

Enclosures: 2008 Annual Report and Payment