2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State
07-07-2008 90002 009 ***150.00

DOCUMENT # P00000069724

1. Entity Name
WAYNE C. BARISH, M.D., P.A.

40105609

Principal Place of Business	Mailing Address
4800 LINTON BLVD F-111 DELRAY BEACH, FL 33445	4800 LINTON BLVD F-111 DELRAY BEACH, FL 33445

07032008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12040 S. JOG RD	12040 S. JOG RD
Suite, Apt. #, etc.: STE 3	Suite, Apt. #, etc.: STE 3
City & State: BOYNTON BEACH FL	City & State: BOYNTON BEACH FL
Zip: 33437 Country: USA	Zip: 33437 Country: USA

4. FEI Number: 65-1025180 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARISH, WAYNE C MD 22179 CLOCK TOWER WAY BOCA RATON, FL 33428	Name: BARISH, WAYNE C MD Street Address (P.O. Box Number is Not Acceptable): 21669 FALL RIVER DR City: BOCA RATON FL Zip Code: 33428

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: Wayne C. Barish, MD President 7/3/8
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES BARISH, WAYNE C MD 22179 CLOCK TOWER WAY BOCA RATON, FL 33428	☐ Delete	PRES BARISH, WAYNE C MD 21669 FALL RIVER DR BOCA RATON FL 33428	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Wayne C. Barish, MD President 7/3/8
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #