

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90400 016 ***158.75

DOCUMENT # P01000045349

1. Entity Name
BARRINGTON OWENS, M.D., P.A.



Principal Place of Business
**941 SE. 1ST STREET
SUITE A
BELLE GLADE, FL 33430**

Mailing Address
**941 SE. 1ST STREET
SUITE A
BELLE GLADE, FL 33430**

24030635



2. Principal Place of Business

3. Mailing Address

100 SYCAMORE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172004

Chg-P

CR2E034 (10/03)

City & State

City & State

ROYAL PALM BEACH, FL

4. FEI Number

59-3716714

Applied For

Not Applicable

Zip

Country

Zip

Country

33411

PALM BEACH

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

**OWENS, BARRINGTON
941 SE 1ST STREET
SUITE A
BELLE GLADE, FL 33430**

Name **Barrington Owens**

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

100 SYCAMORE DRIVE

City **ROYAL PALM BEACH**

FL

Zip Code **33411**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ Delete
NAME **OWENS, BARRINGTON**
STREET ADDRESS **941 SE. 1ST STREET SUITE A**
CITY-ST-ZIP **BELLE GLADE, FL 33430**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Barrington Owens, Barrington Owens 3/26/04 561 784050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #