## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000071180

Entity Name: BARLIN ENTERPRISES, INC.

FILED Jan 06, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O BARRY K. SIMON, M.D.

1515 N. FLAGLER DR. SUITE 700

C/O BARRY K. SIMON, M.D.

1004 GRAND ISLE WAY

WEST PALM BEACH, FL 33401 PALM BEACH GARDENS, FL 33418

Current Mailing Address: New Mailing Address:

C/O BARRY K. SIMON, M.D.

1515 N. FLAGLER DR. SUITE 700

WEST PALM BEACH, FL 33401

C/O BARRY K. SIMON, M.D.

1004 GRAND ISLE WAY

PALM BEACH GARDENS, FL 33418

FEI Number: 65-1124994 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SIMON, BARRY K
1515 N. FLAGLER DR.
SUITE 700
WEST PALM BEACH, FL 33401 US
SIMON, BARRY K
1004 GRAND ISLE WAY
PALM BEACH GARDENS, FL 33418 US

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: 01/06/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: DR

Name: SIMON, BARRY K Address: 1004 GRAND ISLE WAY

City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MS

 Name:
 SATZ, LINDA J PRES

 Address:
 838 EAST LAWN DRIVE

 City-St-Zip:
 TEANECK, NJ 07666

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: BARRY SIMON VP 01/06/2010