FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90067 033 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000080141

1. Entity Name
ELEANOR BARONE, M.D., P.A.

40099192

Principal Place of Business
1921 WALDEMERE ST, STE 705
SARASOTA, FL 34239

Mailing Address
2406 AVENUE A
BRADENTON BEACH, FL 34217

04042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
2406 AVENUE A
Suite, Apt #, etc
City & State: BRADENTON BEACH FL
Zip: 34217 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 65-1129522 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARONE, ELEANOR M.D.
1921 WALDEMERE ST, STE 705
SARASOTA, FL 34239

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 2406 AVENUE A
City: BRADENTON BEACH FL Zip Code 34217

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 X eleanor barone MD PA X 4/30/07
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$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	D BARONE, ELEANOR M.D. 1921 WALDEMERE ST, STE 705 SARASOTA, FL 34239	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, P, T, S 2406 AVENUE A BRADENTON BEACH FL 34217	☒ Change ☐ Addition
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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: X eleanor barone MD PA X 4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #