


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 A
Secretary of State

DOCUMENT # P02000034019 1. Entity Name BARRY M. SCHWEIM, D.D.S., P.A.	
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Principal Place of Business 7000 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082	Mailing Address 7000 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082
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01272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0420325	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHWEIM, BARRY M DDS 7000 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082

**DO NOT WRITE
IN THIS SPACE**

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SCHWEIM, BARRY M DDS 7000 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082
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**DO NOT WRITE
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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: Barry M. Schweim - Barry M. Schweim 2-6-08 904-273-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #