

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000001171

**FILED**  
**Jan 16, 2009**  
**Secretary of State**

**Entity Name:** PATRICK J. BARRY, M.D., P.A.

**Current Principal Place of Business:**

7850 NW 146 ST  
SUITE 508  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

7850 NW 146 ST  
SUITE 508  
MIAMI LAKES, FL 33016

**New Mailing Address:**

**FEI Number:** 05-0546864

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LASKIN, RONI D CPA  
8211 W BROWARD BLVD  
PH-2  
PLANTATION, FL 33324 US

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

LASKIN, RONI D CPA  
490 SAWGRASS CORP PARKWAY  
SUITE 100  
SUNRISE, FL 33325 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:**

01/16/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** BARRY, PATRICK J MD  
**Address:** 7850 NW 146 ST SUITE 508  
**City-St-Zip:** MIAMI LAKES, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** PATRICK J. BARRY, MD

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date