

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000001171

**FILED**  
**Jan 06, 2011**  
**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  
490 SAWGRASS CORP PARKWAY  
SUITE 100  
SUNRISE, FL 33325 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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:** PATRICK J BARRY MD

OWNE

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date