2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000013905

I. Entity Name

DONNA GLAD BLYTHE, M.D., P.A.



Apr 21, 2008 08:00 AN Secretary of State

FILED

Principal Place of Business

4950 LEJEUNE ROAD STE G CORAL GABLES, FL 33146 Maiting Address

4950 LEJEUNE ROAD STE G CORAL GABLES, FL 33146



01152008

No Chg-P

CR2E034 (11/05)

4. FEI Number 14-1871473 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLYTHE, DONNA G 4950 LEJEUNNE ROAD STE G CORAL GABLES, FL 33146



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

Signature, typed or printed name of registered agent and title if applicable

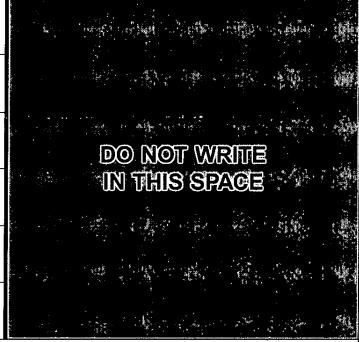
(NOTE: Registered Agent signature required when reinstating)

00000091<u>8</u>556

Ծ5/Ծ8/08-800H-007 150.00

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS PSD TITLE BLYTHE, DONNA G NAME STREET ADDRESS 4950 LEJEUNE ROAD STE G CITY-ST-ZIP CORAL GABLES, FL 33146 VD TITLE NAME BLYTHE, STEPHEN STREET ADDRESS 4950 LEJEUNE ROAD STE G CORAL GABLES, FL 33146 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS



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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SCHING OFFICER OR DIRECT

4-18-08

(305) 661-0774

Daytime Phone #