

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000045568

FILED
Apr 24, 2007
Secretary of State

Entity Name: DANIEL A. PICARD, M.D., P.A.

Current Principal Place of Business:

P.O. BOX 7120
DELRAY BEACH, FL 33482

New Principal Place of Business:

BETHESDA MEMORIAL HOSPITAL
BOYNTON BEACH, FL 33482

Current Mailing Address:

P.O. BOX 7120
DELRAY BEACH, FL 33482

New Mailing Address:

FEI Number: 61-1448083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COEL, MARK A ESQ.
ONE LINCOLN PLACE
1900 GLADES ROAD, SUITE 350
BOCA RATON, FL 334310000 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PICARD, DANIEL A
Address: P.O. BOX 7120
City-St-Zip: DELRAY BEACH, FL 33482

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: DANIEL A. PICARD

MD

04/24/2007

Electronic Signature of Signing Officer or Director

Date