


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000079230</b> 1. Entity Name ISABELLA K. SHARPE, M.D., P.A.	
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Principal Place of Business 6603 SAN JUAN AVENUE JACKSONVILLE, FL 32210	Mailing Address 6603 SAN JUAN AVENUE JACKSONVILLE, FL 32210
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**DO NOT WRITE IN THIS SPACE**



04022008 No Chg-P CR2E034 (11/05)

4. FEI Number 32-0088874	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SHARPE, ISABELLA K MD  
6603 SAN JUAN AVENUE  
JACKSONVILLE, FL 32210

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SHARPE, ISABELLA K MD 6603 SAN JUAN AVENUE JACKSONVILLE, FL 32210
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05/13/08-80011-013 150.00

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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: Isabella K Sharpe MD 4/21/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #