

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000027366

**FILED  
Jan 07, 2010  
Secretary of State**

**Entity Name:** BRUCE A. RICHARDS, M. D., P. A.

**Current Principal Place of Business:**

1100 NW 8 AVE  
SUITE C  
GAINESVILLE, FL 32601 US

**New Principal Place of Business:**

**Current Mailing Address:**

1100 NW 8 AVE  
SUITE C  
GAINESVILLE, FL 32601 US

**New Mailing Address:**

FEI Number: 20-2556028      FEI Number Applied For (  )      FEI Number Not Applicable (  )      Certificate of Status Desired (  )

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

RICHARDS, BRUCE A  
2903 SW 4TH CT  
GAINESVILLE, FL 32601 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: PS/D  
Name: RICHARDS, BRUCE A MD  
Address: 1100 NW 8 AVE, STE C  
City-St-Zip: GAINESVILLE, FL 32601

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: BRUCE A. RICHARDS

OWN

01/07/2010

Electronic Signature of Signing Officer or Director

Date