

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 17 AM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09072007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000028770 1. Entity Name ASHTON C. BRINSON, M.D., P.A.			
Principal Place of Business 450 N WYMORE RD. WINTER PARK, FL 32789		Mailing Address 450 N WYMORE RD. WINTER PARK, FL 32789	
2. Principal Place of Business - No P.O. Box # 1695 Douglas Ave <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1695 Douglas Ave <small>Suite, Apt. #, etc.</small>	
City & State Altamonte Springs, FL <small>Zip Country</small> 32714 USA		City & State Altamonte Springs, FL <small>Zip Country</small> 32714 USA	
4. FEI Number 75-3184571		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent W&P SERVICES, INC. 450 N. WYMORE ROAD WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Lakala Latson-Brinson Street Address (P.O. Box Number is Not Acceptable) 1695 Douglas Ave City Altamonte Springs FL Zip Code 32714	
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 Lakala Latson-Brinson DATE 09/10/07 <small>Signature is typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINSON, ASHTON C MD 450 N WYMORE RD WINTER PARK, FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brinson, Ashton C MD 1695 Douglas Ave Altamonte, FL 32714 100109872 FII 09/25/07-01010-013 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 9/12/07 Daytime Phone # 907 774-7080	

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