## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2006 8:00 am Secretary of State

DOCUMENT # P05000031533  1. Entity Name TERESA M. BERNARD, M.D., P.A.						04-11-2006	90119 001 ***15	60.00
Principal Place of Business Mailing Address								
441 STOWE AVE. 441 STOWE AVE.								
SUITE A		SUITE A Orange Park. Fl. 32073 US						
ORANGE PARK, FL 32073 US ORANGE PARK, FL 32073			U/3 (	12	1 1001100111	ADIEN SIIR EENK EENK EENK	EE183 1484 17881 B1183 11188 11	
2. Principal P	3. Mailing Address	ing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03242006	Chg-P	CR2E034 (11/05)	
City & State		City & State			4. FEI Numbe	100793	No	oplied For ot Applicable
Zip	Country	Zip	Count	try	5. Certificate	of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current F	Registered Agent		<b>A4</b>	7. Name and	Address of New Ro	egistered Agent	
BERNARD, TERESA M				Name				
441 STOWE AVE. SUITE A			Street Address (P.O. Box Number is Not Acceptable)					
ORANGE PARK, FL 32073								
			City	FL Zip Code				
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.								
the oungainers of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and stile if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
					5.00 May Be idded to Fees			
10.	OFFICERS AND I	DIRECTORS	11.	. ,	ADDITIONS/	CHANGES TO OFF	CERS AND DIRECTOR	S IN 11
TITLE			TITLE				Change	☐ Addition
NAME STREET ADDRESS			NAME	ET ADDRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			ST-ZIP				
TITLE	VP Delete TITL		TITLE			•••	☐ Change	Addition
NAME			NAME	:			_ •	_
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			-	ST-ZIP				
TITLE NAME	BERNARD, TERESA M	☐ Oelete	TITLE				☐ Change	☐ Addition
STREET ADDRESS	441 STOWE AVENUE., SUITE A			ET ADORESS				
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-	ST-ZIP				
TITLE	TREA	Defete	TITLE				☐ Change	☐ Addition
NAME STOCET + DOOLSO	BERNARD, TERESA M		NAME					
STREET ADDRESS CITY-ST-ZIP	441 STOWE AVE., SUITE A ORANGE PARK, FL 32073			ET ADORESS ST-ZIP				
TITLE	, , , , , , , , , , , , , , , , , , , ,	☐ Delete	TITLE				Change	☐ Addition
NAME			NAME				G S.L.I.go	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			CITY-	ST-ZIP				
TITLE		☐ Defete	TITLE	1			☐ Change	Addition
NAME STREET ADDRESS			NAME STREE	T ADDRESS				
CITY-ST-ZIP				ST-ZIP				ļ
,	codify that the information supplied with	this filion does not qualify fo			ad in Chapter 110	Clasida Ctatuta - 14	front an annie alban da a	

12. I nereby ceruly 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: QUADA MBOT NASL MD PATERES A M BETLURA 4-6-06 /904-269-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR BIRECTOR

Daytore Prove 8