

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90206 038 \*\*\*150.00

<b>DOCUMENT # P05000031533</b> 1. Entity Name TERESA M. BERNARD, M.D., P.A.					
Principal Place of Business 441 STOWE AVE. SUITE A ORANGE PARK, FL 32073 US			Mailing Address 441 STOWE AVE. SUITE A ORANGE PARK, FL 32073 US		
2. Principal Place of Business - No P.O. Box # 414 Old Hard Rd Suite, Apt. #, etc. Suite 104 City & State Orange Park FL Zip 32003 Country USA		3. Mailing Address 414 Old Hard Rd Suite, Apt. #, etc. Suite 104 City & State Orange Park FL Zip 32003 Country USA			
4. FEI Number 20-2400793				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04272008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent BERNARD, TERESA M 441 STOWE AVE. SUITE A ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent Name Bernard, Teresa MD PA Street Address (P.O. Box Number is Not Acceptable) 414 Old Hard Rd Suite 104 City Orange Park FL Zip Code 32003		
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 obligation of, registered agent. SIGNATURE <u>Teresa M Bernard MD, PA</u> DATE <u>4-28-08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)</small>					
<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"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERNARD, TERESA M 414 OLD HARD SUITE 104 ORANGE PARK, FL 32003		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERNARD, TERESA M 414 OLD HARD SUITE 104 ORANGE PARK, FL 32003		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERNARD, TERESA M 414 OLD HARD SUITE 104 ORANGE PARK, FL 32003		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERNARD, TERESA M 414 OLD HARD SUITE 104 ORANGE PARK, FL 32003		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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: <u>Teresa M Bernard MD, PA</u> DATE <u>4-28-08</u> DAYCENE PHONE # <u>904-269-6100</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daycane Phone #</small>		