

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000067051

**FILED**  
**Mar 21, 2007**  
**Secretary of State**

**Entity Name:** MYRTLE RIDGE FAMILY MEDICINE, P.A.

**Current Principal Place of Business:**

102 MYRTLE RIDGE ROAD  
LUTZ, FL 33549

**New Principal Place of Business:**

**Current Mailing Address:**

14743 MORNING DRIVE  
LUTZ, FL 33559

**New Mailing Address:**

**FEI Number:** 20-2794376

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** (X)

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

BERGH, JACK A  
14743 MORNING DRIVE  
LUTZ, FL 33559 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:** PSTD ( ) Delete  
**Name:** BERGH, JACK A M.D.  
**Address:** 14743 MORNING DRIVE  
**City-St-Zip:** LUTZ, FL 33559

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JACK BERGH

PSTD

03/21/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date