## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000071647

Entity Name: JOHN R. BRENT, M.D., P.A.

FILED Feb 18, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1032 MAR WALT DRIVE SUITE 220

FORT WALTON BEACH, FL 32547

Current Mailing Address: New Mailing Address:

1032 MAR WALT DRIVE SUITE 220

FORT WALTON BEACH, FL 32547

FEI Number: 87-0747597 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BRENT, JOHN, R M.D. 1032 MAR WALT DR STE 220

FORT WALTON BEACH, FL 32547 US

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

## **OFFICERS AND DIRECTORS:**

Title:

Name: BRENT, JOHN R M.D.

Address: 1032 MAR WALT DRIVE, SUITE 220 City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VP

Name: BRENT, JOHN R M.D.

Address: 1032 MAR WALT DRIVE, SUITE 220 City-St-Zip: FORT WALTON BEACH, FL 32547

Title: SEC

Name: BRENT, JOHN R M.D.

Address: 1032 MAR WALT DRIVE, SUITE 220 City-St-Zip: FORT WALTON BEACH, FL 32547

Title: TREA

Name: BRENT, JOHN R M.D.

Address: 1032 MAR WALT DRIVE, SUITE 220 City-St-Zip: FORT WALTON BEACH, FL 32547

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: JOHN R. BRENT, MD P 02/18/2011