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Secretary of State
05-10-2007 90022 007 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000111712

1. Entity Name
PATRICK CARMICHAEL, M.D., INC

40110044

Principal Place of Business	Mailing Address
2731 NW 41ST STREET GAINESVILLE, FL 32606	2731 NW 41ST STREET GAINESVILLE, FL 32609

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6900 NW 9th Blvd	6900 NW 9th. Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesville FL	City & State: Gainesville FL
Zip: 32605 Country: USA	Zip: 32605 Country: USA

04262007 Chg-P CR2E034 (12/06)

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARMICHAEL, PATRICK M.D.
2731 NW 41ST STREET
GAINESVILLE, FL 32606

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$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	PS/T CARMICHAEL, PATRICK M.D. 2731 NW 41ST STREET GAINESVILLE, FL 32606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Patrick Carmichael MD 5/1/07 352-375-4359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #