

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90136 022 ***150.00

DOCUMENT # P05000115106					
1. Entity Name ROBERT E. BRIERTY, M.D., P.A.					
Principal Place of Business C/O EMERALD COAST PATHOLOGY, P.A. 1000 MAR WALT DRIVE FORT WALTON BEACH, FL 32547			Mailing Address C/O EMERALD COAST PATHOLOGY, P.A. 1000 MAR WALT DRIVE FORT WALTON BEACH, FL 32547		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 328206057	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FOSTER, WILLIAM S 909 MAR WALT DRIVE SUITE 1014 FORT WALTON BEACH, FL 32547			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRIERTY, ROBERT E M.D. 1000 MAR WALT DRIVE FORT WALTON BEACH, FL 32547				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BRIERTY, ROBERT E M.D. 1000 MAR WALT DRIVE FORT WALTON BEACH, FL 32547				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC BRIERTY, ROBERT E M.D. 1000 MAR WALT DRIVE FORT WALTON BEACH, FL 32547				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA BRIERTY, ROBERT E M.D. 1000 MAR WALT DRIVE FORT WALTON BEACH, FL 32547				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)				
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: <i>Robert Brierty MD</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 3/31/06 (850) 963-7665					