

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

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**



02212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 32-8206057 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**FOSTER, WILLIAM S
909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH, FL 32547**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------------------|
| TITLE | P |
| NAME | BRIERTY, ROBERT E M.D. |
| STREET ADDRESS | 1000 MAR WALT DRIVE |
| CITY - ST - ZIP | FORT WALTON BEACH, FL 32547 |
| TITLE | VP |
| NAME | BRIERTY, ROBERT E M.D. |
| STREET ADDRESS | 1000 MAR WALT DRIVE |
| CITY - ST - ZIP | FORT WALTON BEACH, FL 32547 |
| TITLE | SEC |
| NAME | BRIERTY, ROBERT E M.D. |
| STREET ADDRESS | 1000 MAR WALT DRIVE |
| CITY - ST - ZIP | FORT WALTON BEACH, FL 32547 |
| TITLE | TREA |
| NAME | BRIERTY, ROBERT E M.D. |
| STREET ADDRESS | 1000 MAR WALT DRIVE |
| CITY - ST - ZIP | FORT WALTON BEACH, FL 32547 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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**DO NOT WRITE
IN THIS SPACE**

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:

Robert E. Brierty M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/08 (800) 863-7665
Date Daytime Phone #