

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000110062

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** PHILBERT J. FORD, M.D., P.A.

**Current Principal Place of Business:**

2009 MICCOSUKEE RD  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

2009 MICCOSUKEE RD  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** 20-5417408

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FORD, PHILBERT J PSTD  
1213 THM COURT  
STE A  
TALLAHASSEE, FL 32308 US

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

FORD, PHILBERT J PSTD  
2009 MICCOSUKEE RD  
TALLAHASSEE, FL 32308 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

01/04/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: FORD, PHILBERT J  
Address: 2009 MICCOSUKEE RD  
City-St-Zip: TALLAHASSEE, FL 32308

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: PHILBERT FORD

PSTD

01/04/2011

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

\_\_\_\_\_  
Date