2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2008
Secretary of State

DOCUMENT# P06000132490

Entity Name: BELL & ASSOCIATES, M.D.,P.A.

Current Principal Place of Business:

2295 ARMSDALE ROAD
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

2295 ARMSDALE ROAD
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 20-5660502 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BETSY S. HOLTON, P.A.
550 WATER STREET
1020
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BELL, MICHELL A M.D.
Address: 2295 ARMSDALE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: T ( ) Delete
Name: WARREN, SONIA
Address: 1108 LEXINGTON DRIVE
City-St-Zip: ROSWELL, GA 30075

Title: S ( ) Delete
Name: MCLENDON, BERNARD
Address: 105 STONE GATE WAY
City-St-Zip: MABLETON, GA 30126

Title: DIR ( ) Delete
Name: SMITH, RONALD K
Address: 5555 GLENRIDGE CONNECTOR
City-St-Zip: ATLANTA, GA 30342

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BELL, MICHELLE A M.D.
Address: 2295 ARMSDALE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHELLE A. BELL, M.D. P 09/03/2008

Electronic Signature of Signing Officer or Director Date