

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P07000022237

1. Entity Name  
ERNESTO BARRAL MD, P.A.



Principal Place of Business  
1807 SE ELROSE STREET  
PORT ST. LUCIE, FL 34957 US

Mailing Address  
1807 SE ELROSE STREET  
PORT ST. LUCIE, FL 34957 US

2. Principal Place of Business - No P.O. Box #

538 SE Port Saint Lucie  
Suite, Apt. #, etc. — 520

3. Mailing Address

Suite, Apt. #, etc.

City & State  
Port - Saint Lucie

Zip 34984 Country Saint Lucie

City & State

Zip Country

6. Name and Address of Current Registered Agent

BARRAL, ERNESTO  
1807 SE ELROSE STREET  
PORT ST. LUCIE, FL 34952

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

4-12-08



03212008 Chg-P CR2E034 (12/06)

4. FEI Number  
20-8467110

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRAL, ERNESTO 1807 SE ELROSE STREET PORT ST. LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRAL ERNESTO 538 SE Port Saint Lucie Blvd Port Saint Lucie FL 34984	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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:

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/08 772-849-  
4500