2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000063764

Entity Name: BONNIE JEAN O'SULLIVAN, M.D., P.A.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

18872 SW 77TH COURT 7420 SW 144 TERRACE

MIAMI, FL 33157 US PALMETTO BAY, FL 33158 US

Current Mailing Address: New Mailing Address:

18872 SW 77TH COURT 7420 SW 144 TERRACE

MIAMI, FL 33157 US PALMETTO BAY, FL 33158 US

FEI Number: 26-0270241 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

O'SULLIVAN, BONNIE JEAN MD

18872 SW 77TH COURT
MIAMI, FL 33157 US

O'SULLIVAN, BONNIE JEAN MD
7420 SW 144 TERRACE
PALMETTO BAY, FL 33158 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: BONNIE JEAN O'SULLIVAN, MD 03/24/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete

 Name:
 O'SULLIVAN, BONNIE JEAN MD

 Address:
 18872 SW 77TH COURT

 City-St-Zip:
 MIAMI, FL 33157 US

Title: D () Delete
Name: O'SULLIVAN, BONNIE JEAN MD
Address: 18872 SW 77TH COURT

Address: 18872 SW 77TH COURT City-St-Zip: MIAMI, FL 33157 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition Name: O'SULLIVAN, BONNIE JEAN MD Address: 7420 SW 144 TERRACE City-St-Zip: PALMETTO BAY, FL 33158 US

Title: D (X) Change () Addition
Name: O'SULLIVAN, BONNIE JEAN MD
Address: 7420 SW 144 TERRACE
City-St-Zip: PALMETTO BAY, FL 33158 US

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: BONNIE JEAN O'SULLIVAN, MD PVST 03/24/2009