

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000063764

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

7420 SW 144 TERRACE  
PALMETTO BAY, FL 33158 US

**New Principal Place of Business:**

**Current Mailing Address:**

7420 SW 144 TERRACE  
PALMETTO BAY, FL 33158 US

**New Mailing Address:**

FEI Number: 26-0270241

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

O'SULLIVAN, BONNIE JEAN MD  
7420 SW 144 TERRACE  
PALMETTO BAY, FL 33158 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

**OFFICERS AND DIRECTORS:**

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

Title: D  
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 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: BONNIE JEAN O'SULLIVAN

PVST

03/29/2011

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

\_\_\_\_\_  
Date