

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000066823

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Entity Name:** J. BEN RENFROE, M.D., P.A.

**Current Principal Place of Business:**

224 NORTHCLIFF DR  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

400 GULF BREEZE PKWY #300  
GULF BREEZE, FL 32561 US

**Current Mailing Address:**

224 NORTHCLIFF DR  
GULF BREEZE, FL 32561

**New Mailing Address:**

PO BOX 280  
GULF BREEZE, FL 32562 US

**FEI Number:** 26-0579346

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RENFROE, J. BENJAMIN  
224 NORTHCLIFF DR  
GULF BREEZE, FL 32561 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** RENFROE, J. BENJAMIN MD  
**Address:** 400 GULF BREEZE PKWY #300  
**City-St-Zip:** GULF BREEZE, FL 32561 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:** J. BENJAMIN RENFROE, MD

D

04/07/2010

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

\_\_\_\_\_  
Date