

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000023334

**Entity Name:** GERALD BURFORD, M.D., P.A.

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3027 RIVERSIDE DRIVE  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

3027 RIVERSIDE DRIVE  
FERNANDINA BEACH, FL 32034

**New Mailing Address:**

**FEI Number:** 26-4520347

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURFORD, GERALD M.D.  
3027 RIVERSIDE DRIVE  
FERNANDINA BEACH, FL 32034 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: PRES  
Name: BURFORD, GERALD MD PA  
Address: 3027 RIVERSIDE DR.  
City-St-Zip: FERNANDINA BEACH, FL 32034

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: GERALD BURFORD

PRES

02/23/2011

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

\_\_\_\_\_  
Date