

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000035485

FILED
Jan 14, 2009
Secretary of State

Entity Name: GARRY G. BANKS, M.D., P.A.

Current Principal Place of Business:

1003 W. COLLEGE BLVD.
SUITE 1
NICEVILLE, FL 32578

New Principal Place of Business:

552 TWIN CITIES BLVD
SUITE A
NICEVILLE, FL 32578

Current Mailing Address:

1003 W. COLLEGE BLVD.
SUITE 1
NICEVILLE, FL 32578

New Mailing Address:

552 TWIN CITIES BLVD
SUITE A
NICEVILLE, FL 32578

FEI Number: 59-3170549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRYAN, JOHN C JR.
WELTON & WILLIAMSON, P.A.
1020 S. FERDON BLVD.
CRESTVIEW, FL 32536 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: P () Delete
Name: BANKS, GARRY G
Address: 1003 W. COLLEGE BLVD., SUITE 1
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BANKS, GARRY G
Address: 552 TWIN CITIES BLVD, SUITE A
City-St-Zip: NICEVILLE, FL 32578

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: GARRY BANKS

PRES

01/14/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date