

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000039446

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: BEVERIDGE MEDICAL ASSOCIATES, INC.

## Current Principal Place of Business:

6 HIGHWOOD RIDGE TRAIL  
OFFICE #2  
ORMOND BEACH, FL 32174 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 730368  
OFFICE #2  
ORMOND BEACH, FL 32173 US

## New Mailing Address:

P.O. BOX 730368  
ORMOND BEACH, FL 32173 US

FEI Number: 59-3187168

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEVERIDGE, BRAD L  
6 HIGHWOOD RIDGE TRAIL  
ORMOND BEACH, FL 32174 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: PD ( ) Delete  
Name: BEVERIDGE, BRAD L  
Address: 6 HIGHWOOD RIDGE TRAIL  
City-St-Zip: ORMOND BEACH, FL

Title: STD ( ) Delete  
Name: BEVERIDGE, CHERYL M  
Address: 6 HIGHWOOD RIDGE TRAIL  
City-St-Zip: ORMOND BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BRAD L. BEVERIDGE

PD

01/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date