

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000039446

FILED
Jan 07, 2011
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:

6 HIGHWOOD RIDGE TRAIL
ORMOND BEACH, FL 32174 US

Current Mailing Address:

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

New Mailing Address:

6 HIGHWOOD RIDGE TRAIL
ORMOND BEACH, FL 32174 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

OFFICERS AND DIRECTORS:

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

Title: STD
Name: BEVERIDGE, CHERYL M
Address: 6 HIGHWOOD RIDGE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

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: BRAD L BEVERIDGE

PD

01/07/2011

Electronic Signature of Signing Officer or Director

Date