

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 05, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P93000070830**

1. Entity Name  
**GOOD SHEPHERD MEDICAL CLINIC, P.A.**



Principal Place of Business  
**8425 NORTHCLIFFE BLVD  
SUITE 101  
SPRING HILL, FL 34606 US**

Mailing Address  
**8425 NORTHCLIFFE BLVD  
SUITE 101  
SPRING HILL, FL 34606 US**



06292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3204729**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CASE, JAMES W MR  
8425 NORTHCLIFFE BLVD SUITE 101  
SPRING HILL, FL 34606**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	LEE, ROGER MD
STREET ADDRESS	8425 NORTHCLIFFE BLVD SUITE 107
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	T
NAME	ROEBUCK MD, BRIAN
STREET ADDRESS	11337 CORTEZ BLVD
CITY-ST-ZIP	BROOKSVILLE, FL
TITLE	VP
NAME	ANIL BHATIA MD
STREET ADDRESS	8425 NORTHCLIFFE BLVD SUITE 108
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000370858  
07/05/05-80034-010 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ANILBHATIA MD**