


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000070830 1. Entity Name GOOD SHEPHERD MEDICAL CLINIC, P.A.	
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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
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01052006 No Chg-P CR2E034 (11/05)

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

100000391825
01/24/06-80055-017 150.00

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #