

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 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



04262007 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

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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, 2007 Fee will be \$550.00

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

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

U00000741613
05/15/07-80035-025 150.00

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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

ROGER LEE, MD 4/26/07 352-686-5023

Date

Daytime Phone #