

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90130 039 ***150.00

DOCUMENT # P94000017692

1. Entity Name
BARBARA O'REILLY, M.D., P.A.



Principal Place of Business
 1370 13TH AVE. SOUTH
 SUITE 216
 JACKSONVILLE BEACH, FL 32250

Mailing Address
 1370 13TH AVE. SOUTH
 SUITE 216
 JACKSONVILLE BEACH, FL 32250

401603-



07102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3223275	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSCHMAN, ALBERT E JR.
 2215 SOUTH 3RD ST.
 SUITE 101
 JACKSONVILLE BEACH, FL 32250

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 14, 2007

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

10. OFFICERS AND DIRECTORS

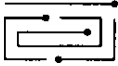
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DO NOT WRITE IN THIS SPACE

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: *Barbara O'Reilly*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-07
Date Daytime Phone #



ATTACHMENT
CONNER, HUBBARD & COMPANY, P.A.
Certified Public Accountants

Taxation, Accounting, Pension Planning, and Business Counseling

40125462
1994 000017692

July 10, 2007

Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

Re: Barbara O'Reilly, M.D., P.A.
FEI Number: 59-3223275

Dear Sir or Madam:

Please accept the enclosed check in the amount of \$150.00 as full payment for the above-referenced Florida Corporate Annual Report based upon the following facts and circumstances:

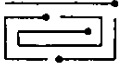
- The late filing was not due to willful neglect;
- The owner has no record of receiving the original form;
- The business is a small one-owner; and,
- All previous filings have been made timely.

Please remove the late filing penalty for reasonable cause. Please call me if you have any questions or need any further information.

Sincerely,
CONNER, HUBBARD & COMPANY, P.A.

Kim K. Hubbard,
Certified Public Accountant

Enclosures



ATTACHMENT
CONNER, HUBBARD & COMPANY, P.A.
Certified Public Accountants

Taxation, Accounting, Pension Planning, and Business Counseling

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P94 0000/7692

July 10, 2007

Barbara O'Reilly
Barbara O'Reilly, M.D., P.A.
1370 13th Avenue South, Suite 216
Jacksonville Beach, Florida 32250

Dear Barbara:

Enclosed is a letter to the Division of Corporations along with the 2007 Annual Report. Please sign the enclosed annual report. Mail in the enclosed envelope along with my original letter addressed to the State and enclose a check in the amount of \$150.00 made payable to the Florida Department of State.

Please call me if you have any questions.

Sincerely,
CONNER, HUBBARD & COMPANY, P.A.

Kim K. Hubbard,
Certified Public Accountant

Enclosures