


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90725 050 \*\*\*150.00

|   |  |                     |  |   |  |
|---|--|---------------------|--|---|--|
| <b>DOCUMENT # P94000031126</b><br>1. Entity Name<br><b>JAMES R. M. BULLARD, M.D., P.A.</b>  |  |                     |  |                |  |
| Principal Place of Business<br><b>13230 U.S. HWY #1<br/>SEBASTIAN FL 32958</b>  |  |                     | Mailing Address<br><b>13230 U.S. HWY #1<br/>SEBASTIAN FL 32958</b>   |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc. |  |   |  |
| City & State  |  | City & State        |  | 4. FEI Number<br><b>65-0480584</b>  |  |
| Zip   |  | Country             |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                 |  |
| Zip   |  | Country             |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent   |  |                     | 7. Name and Address of New Registered Agent  |   |  |
| <b>BULLARD, JAMES<br/>13230 U.S. HWY #1<br/>SEBASTIAN FL 32958</b>  |  |                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |                     |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  |                     | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |   |  |
| 10. OFFICERS AND DIRECTORS  |  |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 :  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P<br/>BULLARD, JAMES<br/>13230 US HWY #1<br/>SEBASTIAN FL 32958</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>V<br/>BULLARD, EMILY<br/>13230 US HWY #1<br/>SEBASTIAN FL 32958</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 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. |  |                     |  |   |  |
| <b>SIGNATURE: <i>James Bullard</i></b> <b>4/19/04</b> <b>589 8744</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |                     |  |   |  |