


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90043 037 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P94000032290</b>                   |  |
| 1. Entity Name<br>JAMIE H. BARRON, PSY. D., P.A. |   |

|  |   |
|--|---|
| Principal Place of Business<br>37800 SR 54 WEST<br>SUITE K<br>ZEPHYRHILLS, FL 33542 US | Mailing Address<br>P O BOX 1269<br>ZEPHYRHILLS, FL 33539 US |
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**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>BARRON, JAMIE H<br>37800 SR 54 WEST STE K<br>ZEPHYRHILLS, FL 33542 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|---|---------------------------------------|

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.

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| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|------------|

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|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>BARRON, JAMIE H.<br>37800 SR 54 WEST STE K<br>ZEPHYRHILLS, FL 33541 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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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.

|   |                     |                                      |
|---|---------------------|--------------------------------------|
| <b>SIGNATURE:</b> <i>Jamie H. Barron</i> <b>President</b>                         | Date: <i>2/3/05</i> | Daytime Phone #: <i>813-781-8883</i> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |                     |                                      |