


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P94000032290 |  |
| 1. Entity Name JAMIE H. BARRON, PSY. D., P.A. | |

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| Principal Place of Business 37800 SR 54 WEST SUITE K ZEPHYRHILLS, FL 33541 US | Mailing Address P O BOX 1269 ZEPHYRHILLS, FL 33539 US |
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01192006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3242524 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BARRON, JAMIE H 37800 SR 54 WEST STE K ZEPHYRHILLS, FL 33540 |
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | <small>(NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000406528 02/07/06-80092-008 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BARRON, JAMIE H. 37800 SR 54 WEST STE K ZEPHYRHILLS, FL 33541 |
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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.

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| SIGNATURE: <u>Jamie H. Barron Psy D</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date <u>1/23/06</u> Daytime Phone # <u>813-780-8888</u> |
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