## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000044333

FILED Apr 27, 2008 Secretary of State

Entity Name: BARRON-WHITE, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
C'O 2335 T STE 501 NAPLES, F	TAMIAMI TRAI FL 34103 U	L N JS			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
C/O KENNETH R. COURINGTON, M.D. 2335 TAMIAMI TR. NORTH #501 NAPLES, FL 34103 US				C/O JACOB H. JORDAN MD 2335 TAMIAMI TR. NORTH #501 NAPLES, FL 34103 US	
FEI Number:	65-0500729	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
COURINGTON, KENNETH R C/O 2335 TAMIAMI TRAIL N STE 501 NAPLES, FL 34103 US			STE 501	C/O 2335 TAMIAMI TRAIL N	
The above in the State		submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: JACOB H JORDAN MD				04/27/2008	
	Electror	nic Signature of Registered Age	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	JORDAN, JACO	IAMI TRAIL N 501	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	JORDAN, JACO	) Delete OB H IAMI TRAIL N 501	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	JORDAN, NANG	IAMI TRAIL N 501	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACOB H JORDAN MD **PRES** 04/27/2008