


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000091167</b> 1. Entity Name BARTOW MEDICAL CLINIC, P.A.	
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Principal Place of Business  
2020 FLAMINGO DRIVE  
BARTOW, FL 33830-4262 US

Mailing Address  
2020 FLAMINGO DRIVE  
BARTOW, FL 33830-4262 US



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3282848	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SAUNDERS, ALICIA  
2020 FLAMINGO DRIVE  
BARTOW, FL 33830-4262

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD SAUNDERS, ALICIA 2020 FLAMINGO DRIVE BARTOW, FL 338304262
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1/19/06-80068-004 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alicia Saunders 1/13/06

Date

813-533-4104

Daytime Phone #