2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000037676

Entity Name: WILLIAM F. BENNETT, M.D., P.A.

FILED Apr 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1250 S. TAMIAMI TR 1250 S. TAMIAMI TR SARASOTA, FL 34239

US 303

SARASOTA, FL 34239 US

Current Mailing Address: New Mailing Address:

5741 BEE RIDGE RD 1250 S. TAMIAMI TR

P.O. BOX 15049

SARASOTA, FL 34239 SARASOTA, FL 34239 US US

FEI Number: 65-0579328 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAM F BENNETT M D WILLIAM F BENNETT M D 1250 S. TAMIAMI TR 1250 S. TAMIAMI TR SARASOTA, FL 34239 US 303

SARASOTA, FL 34239 US

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.

SIGNATURE: 04/01/2008

> Date Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition BENNETT, WILLIAM F M.D. BENNETT, WILLIAM F M.D. Name: Name: 5741 BEE RIDGE ROAD, SUITE 470 Address: 1250 S. TAMIAMI TR. SUITE 303 Address:

City-St-Zip: SARASOTA, FL City-St-Zip: SARASOTA, FL 34239

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: WILLIAM F BENNETT 04/01/2008 MGR