

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90060 028 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P96000103801

1. Corporation Name  
**BSHARA BARAKAT M.D. P.A.**



Principal Place of Business: 116 MOCKINGBIRD STREET INTERLACHEN FL 32148  
 Mailing Address: 116 MOCKINGBIRD STREET INTERLACHEN FL 32148

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1996

4. FEI Number: 59-3417371 Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21 8188 WEKIVA WAY, JACKSONVILLE, FL 32256, USA

2a. Mailing Address: 26 8188 WEKIVA WAY, JACKSONVILLE FL 32256, USA

9. Name and Address of Current Registered Agent: CORPORATION SERVICE COMPANY, 1201 HAYS STREET, TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: BARAKAT, BSHARA	1.1 TITLE: BSHARA BARAKAT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 116 MOCKINGBIRD STREET	CITY-ST-ZIP: INTERLACHEN FL 32148	1.2 NAME: BSHARA BARAKAT	
		1.3 STREET ADDRESS: 8188 WEKIVA WAY	
		1.4 CITY-ST-ZIP: JACKSONVILLE FL 32256	
		2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
		3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
		4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] BSHARA BARAKAT M.D. 4.25.99 (904) 389-1102

CR2E034 (11/98)