## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED** Apr 20, 2007 08:00 AM

DOCUMENT # P97000074654  1. Entity Name MARGITA BEARD, M.D., P.A.				Secretary of State				
Principal Place of Business Mailing Address BOX 2219 ANNA MARIA, FL 34216 ANNA MARIA, FL 34216		•			A management of the control of the c		FUEL BUIL BUILTEL II 1861	
D	O NOT WRITE	CE	04162007	No Chg-P	CR2E034		<del></del>	
			-	4. FEI Numbe 65-0778		40	Not Applica	ole
				5. Certificate	of Status Desired		3.75 Additional Required	
158 CRES	6. Name and Address of Current Reg IARGITA M CENT DR RIA, FL 34216	DO NOT WRITE IN THIS SPACE						
	named entity submits this statement for thions of registered agent.  Signature, typed or printed name of registered agent and the		ed office or registe		n, in the State of Flo	orida. I am fam	iliar with, and acce	pt
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			ncing _ \$5	.00 May Be led to Fees				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PD BEARD, MARGITA M 158 CRESCENT DR ANNA MARIA, FL 34216	ECTORS			U( 05/0:	)0000720   207-800	)199 )95-010 19	50,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP						r, 01000	JJS-010 IS	10100
TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP			DO NOT WRITE IN THIS SPACE					
TITLE NAME								

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

THE BOOK PRINTED NAME OF SIGNING OFFICER OR DIRECTOR