


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000005489
 1. Entity Name
BARROS FAMILY HEALTH CARE, P.A.



Principal Place of Business 1301 PLANTATION ISLAND DR SOUTH STE 102 B ST AUGUSTINE FL 32080	Mailing Address 1301 PLANTATION ISLAND DR SOUTH STE 102 B ST AUGUSTINE FL 32080
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

BARROS, ANA
 1301 PLANTATION ISLAND DR SOUTH
 SUITE 102 B
 SAINT AUGUSTINE FL 32080

4. FEI Number **59-3488583** Applied For Not Applied

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May**
Trust Fund Contribution. **Added to Fee**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BARROS, MELCHOR G M.D. 1301 PLANTATION ISLAND DR S 102-B SAINT AUGUSTINE FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **1/13/06** (904) 471-2393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #