
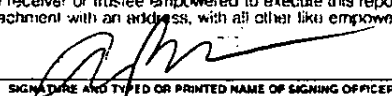


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90041 017 \*\*\*150.00

|  |                                      |   |   |   |  |
|--|--------------------------------------|---|---|---|--|
| DOCUMENT # P98000005489  |                                      |   |   |  |  |
| 1. Entity Name<br>BARROS FAMILY HEALTH CARE, P.A.  |                                      |   |   |   |  |
| Principal Place of Business<br>1301 PLANTATION ISLAND DR. SOUTH<br>STE. 102-B<br>ST. AUGUSTINE FL 32080  |                                      | Mailing Address<br>1301 PLANTATION ISLAND DR. SOUTH<br>STE. 102-B<br>ST. AUGUSTINE FL 32080 |   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |                                      | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |                                      | Suite, Apt. #, etc.   |   |   |  |
| City & State   |                                      | City & State  |   | 4. FEI Number<br><b>59-3488583</b>  |  |
| Zip  | Country                              | Zip   | Country   | Applied For<br>Not Applicable   |  |
| 5. Name and Address of Current Registered Agent<br><br>BARROS, ANA<br>1301 PLANTATION ISLAND DR. SOUTH<br>STE. 102-B<br>ST. AUGUSTINE FL 32080   |                                      |   | 7. Name and Address of New Registered Agent   |   |  |
| Name   |                                      |   | Name  |   |  |
| Street Address (P.O. Box Number is Not Acceptable)   |                                      |   | Street Address (P.O. Box Number is Not Acceptable)  |   |  |
| City   |                                      |   | 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 _____ DATE _____   |                                      |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |                                      |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |  |
| 10. OFFICERS AND DIRECTORS   |                                      |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE  | PSTD <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| NAME   | BARROS, MELCHOR G M.D.               | NAME  |   |   |  |
| STREET ADDRESS   | 1301 PLANTATION ISLAND DR S 102-B    | STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP  | SAINT AUGUSTINE FL 32080             | CITY-ST-ZIP   |   |   |  |
| TITLE  | <input type="checkbox"/> Delete      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| NAME   |                                      | NAME  |   |   |  |
| STREET ADDRESS   |                                      | STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP  |                                      | CITY-ST-ZIP   |   |   |  |
| TITLE  | <input type="checkbox"/> Delete      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| NAME   |                                      | NAME  |   |   |  |
| STREET ADDRESS   |                                      | STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP  |                                      | CITY-ST-ZIP   |   |   |  |
| TITLE  | <input type="checkbox"/> Delete      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| NAME   |                                      | NAME  |   |   |  |
| STREET ADDRESS   |                                      | STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP  |                                      | CITY-ST-ZIP   |   |   |  |
| TITLE  | <input type="checkbox"/> Delete      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| NAME   |                                      | NAME  |   |   |  |
| STREET ADDRESS   |                                      | STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP  |                                      | CITY-ST-ZIP   |   |   |  |
| 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:    |                                      |   | Date: <b>3/28/08</b>  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                                      |   | Date  |   |  |