

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000005489

FILED
Jun 25, 2009
Secretary of State

Entity Name: BARROS FAMILY HEALTH CARE, P.A.

Current Principal Place of Business:

1301 PLANTATION ISLAND DR. SOUTH
STE. 102-B
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

1301 PLANTATION ISLAND DR. SOUTH
STE. 102-B
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-3488583 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BARROS, ANA
1301 PLANTATION ISLAND DR. SOUTH
STE. 102-B
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: BARROS, MELCHOR G M.D.
Address: 1301 PLANTATION ISLAND DR S 102-B
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MELCHOR G. BARROS

OWNE

06/25/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date



BARROS
Family Health Care, P.A.

Melchor G. Barros, M.D.
Board Certified Family Practice

Doc#: P98000005489
File Date: 06/25/09

June 29, 2009

Karen Saly
Florida Department of State
Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Saly,

This letter is to inform you that I did not receive prior notice regarding annual report renewal for the "Barros Family Healthcare" corporation.

I am requesting a refund of \$ 400.00 sent in the mail payable to Barros Family Healthcare.

Thank you for your prompt attention to this matter.

Sincerely,

Ana Barros
Office Manager

PLEASE SEND REFUND TO:

MELCHOR G. BARROS MD.
1301 Plantation Island Drive
Suite 102B
St. Augustine, FL. 32080