


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90095 027 ***150.00

DOCUMENT # P98000005837	
1. Entity Name GARY ALAN PARRISH, M.D., P.A.	

Principal Place of Business 6111 SAND PINES ESTATES BLVD ORLANDO, FL 32819 US	Mailing Address 1512 S ORANGE AVE ORLANDO, FL 32806 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 1720 S. Cook Ave Suite, Apt. #, etc.
City & State	City & State Orlando FL
Zip	Country USA

40004140



01042007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent PARRISH, GARY 1512 S ORANGE AVE ORLANDO, FL 32806	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1720 S. Cook Ave City Orlando FL Zip Code 32806
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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: *Gary A. Parrish* (GARY A. PARRISH) President, 1/15/07
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARRISH, GARY A M.D. 6111 SAND PINE ESTATES BLVD. ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *Gary A. Parrish* (GARY A. PARRISH M.D.) President, 1/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #