


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90205 030 ***150.00

DOCUMENT # P98000076611	
1. Entity Name ALLAIN A. GIROUARD, M.D., P.A.	

Principal Place of Business ONE ST. JOHNS MEDICAL PARK DRIVE ST. AUGUSTINE, FL 32086	Mailing Address ONE ST. JOHNS MEDICAL PARK DRIVE ST. AUGUSTINE, FL 32086
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2. Principal Place of Business - No P.O. Box # 1740 Tree Blud	3. Mailing Address 1740 Tree Blud
Suite, Apt. #, etc. # 114	Suite, Apt. #, etc. # 114
City & State St. Augustine FL	City & State St. Augustine FL
Zip 32084	Country St. Johns



04242008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3530666	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NULAND, CHRISTOPHER L 1000 RIVERSIDE AVENUE SUITE 200 JACKSONVILLE, FL 32204	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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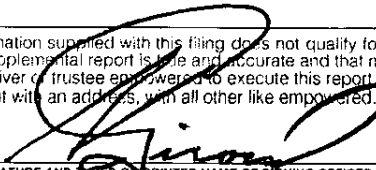
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 GIROUARD, ALLAIN A ONE ST. JOHNS MEDICAL PARK DRIVE ST. AUGUSTINE, FL 32086	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALLAIN A GIROUARD 1740 Tree Blud # 114 St. Augustine, FL 32084
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"/> Addition
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"/> 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:  ALLAIN A. GIROUARD MD 4/28/08

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