## **2008 FOR PROFIT CORPORATION**

## **FILED ANNUAL REPORT** Apr 09, 2008 08:00 Al Secretary of State **DOCUMENT # P98000092285** 1. Entity Name CHARLES B. BARNIV, M.D., P.A. Principal Place of Business Mailing Address 623 HIGHWAY 98 E 4520 NORTH BRISTOL COURT SUITE 3 NICEVILLE, FL 32578 US DESTIN, FL 32541 US 03302008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3539763 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARNIV, CHARLES B DO NOT WRITE 4520 NORTH BRISTOL COURT NICEVILLE, FL 32578 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 04/21/08-90000<del>00</del>025 150 00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ... OFFICERS AND DIRECTORS 10. TITLE D NAME BARNIV, CHARLES B M.D. STREET ADDRESS 4520 N. BRISTOL CT NICEVILLE, FL 32578 CITY-ST-71P TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 it made under oath; that I am an officer or director of the corporation or the receiver prirustee 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: ∠

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/08
Date Daytime Phone #