


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90197 019 ***150.00

DOCUMENT # P99000039852

1. Entity Name
DONALD A. BARNHORST, JR., M.D., P.A.



Principal Place of Business Mailing Address

4130 SALISBURY ROAD **4130 SALISBURY ROAD**
SUITE 2500 **SUITE 2500**
JACKSONVILLE, FL 32216 **JACKSONVILLE, FL 32216**

2. Principal Place of Business 3. Mailing Address

175 Sawmill Lakes Boulevard **175 Sawmill Lakes Boulevard**
 Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

Ponte Vedra Beach FL **Ponte Vedra Beach FL**

Zip Country Zip Country

32082 **32082** **32082**

14004934



04252005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

BARNHORST, JR, DONALD A MD
4130 SALISBURY ROAD NORTH
SUITE 2500
JACKSONVILLE, FL 32216

4. FEI Number Applied For

59-3574385 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name - - -

Street Address (P.O. Box Number is Not Acceptable)
175 Sawmill Lakes Boulevard

City **Ponte Vedra Beach FL** Zip Code **32082**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNHORST, DONALD	NAME	
STREET ADDRESS	4130 SALISBURY ROAD NORTH, #2500	STREET ADDRESS	175 Sawmill Lakes Boulevard
CITY-ST-ZIP	JACKSONVILLE, FL 32216	CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
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 exemption stated in Section 119.07(3)(i), 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: *Donald A. Barnhorst, Jr.* 4/25/05 9042850325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #