

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000041171

**FILED**  
**Feb 15, 2008**  
**Secretary of State**

**Entity Name:** VALRICO BRANDON MEDICAL GROUP, INC.

**Current Principal Place of Business:**

2237 LITHIA CENTER LN.  
VALRICO, FL 33594

**New Principal Place of Business:**

2237 LITHIA CENTER LN.  
VALRICO, FL 33596

**Current Mailing Address:**

2237 LITHIA CENTER LN.  
VALRICO, FL 33594

**New Mailing Address:**

2237 LITHIA CENTER LN.  
VALRICO, FL 33596

**FEI Number:** 59-3574830

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BEARISON, FRED  
2237 LITHIA CENTER LN.  
VALRICO, FL 33594 US

**Name and Address of New Registered Agent:**

BEARISON, FRED  
2237 LITHIA CENTER LN.  
VALRICO, FL 33596 US

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: \_\_\_\_\_

02/15/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BEARISON, FRED  
Address: 2237 LITHIA CENTER LN.  
City-St-Zip: VALRICO, FL 33594

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MD (X) Change ( ) Addition  
Name: BEARISON, FRED  
Address: 2237 LITHIA CENTER LN.  
City-St-Zip: VALRICO, FL 33596

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: FRED BEARISON

MD

02/15/2008

Electronic Signature of Signing Officer or Director

Date