


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 30, 2007 8:00 am**  
**Secretary of State**

07-30-2007 90064 012 \*\*\*150.00

**DOCUMENT # P99000095262**

1. Entity Name  
**SARAH WILLARD, M.D., P.A.**



Principal Place of Business  
**1802 BELLEVUE AVE  
 SUITE 101  
 ORLANDO, FL 32806**

Mailing Address  
**P.O. BOX 568906  
 ORLANDO, FL 32856-8906**

**60053839**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

07252007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-3605564**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WILLARD, SARAH MD  
 31 W. COLUMBIA STREET  
 SUITE 2  
 ORLANDO, FL 32806**

**7. Name and Address of New Registered Agent**

Name  
**WILLARD, SARAH MD**

Street Address (P.O. Box Number is Not Acceptable)  
**1802 BELLEVUE AVE. STE. 101**

City  
**ORLANDO** FL Zip Code  
**32806**

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 **SARAH WILLARD MD** *Sarah Willard* **26 JULY 2007**

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  
 Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	G WILLARD, SARAH M.D. 31 W. COLUMBIA ST., STE. 2 ORLANDO, FL 32806	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	G WILLARD, SARAH M.D. 1802 BELLEVUE AVE. , STE. 101 ORLANDO, FL 32806	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** **SARAH WILLARD M.D.** *Sarah Willard, MD* **26 JULY 2007**

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