

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P99000095262**

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



**FILED  
Aug 13, 2008 08:00 AM  
Secretary of State**

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

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



08072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3605564</b>	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  
1802 BELLEVUE AVE  
SUITE 101  
ORLANDO, FL 32806**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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 <b>G</b>	<p><b>WILLARD, SARAH M.D. 1802 BELLEVUE AVE STE 101 ORLANDO, FL 32806</b></p>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000957603  
08/13/08-80001-010 158.75

**DO NOT WRITE  
IN THIS SPACE**

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 **SARAH WILLARD, M.D., P.A.** 12 AUG 2008 407 423 5337  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #