


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 08, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # P99000111314**

1. Entity Name  
EUGENE F. GUERRE, JR., M.D., P.A.



Principal Place of Business 7011 NIGHTWALKER RD BROOKSVILLE, FL 34613 US	Mailing Address 7011 NIGHTWALKER RD BROOKSVILLE, FL 34613 US
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**DO NOT WRITE IN THIS SPACE**



03312008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3614760	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GUERRE, EUGENE F JR.  
7011 NIGHTWALKER RD  
BROOKSVILLE, FL 34613

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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  
After May 1, 2008 Fee will be \$550.00**

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

U00000950399  
06/03/08-80067-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GUERRE, EUGENE F JR. 7011 NIGHTWALKER RD BROOKSVILLE, FL 34613
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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 or without other like empowered.

SIGNATURE: *Eugene F. Guerre* EUGENE GUERRE Date: *4/29/08* 352-597-7700

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