

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S97534**  
1. Entity Name  
**DUDLEY A. BARINGER, M.D., P.A.**



Principal Place of Business      Mailing Address  
120 HEALTH PARK BLVD SUITE 1      120 HEALTH PARK BLVD SUITE 1  
ST. AUGUSTINE, FL 32086      ST. AUGUSTINE, FL 32086

**DO NOT WRITE IN THIS SPACE**



02032006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3104099**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**BARINGER, DUDLEY A.  
120 HEALTH PARK BLVD  
SUITE 1  
ST. AUGUSTINE, FL 32086**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and do if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**      9. Election Campaign Financing      **\$5.00** May Be  
**After May 1, 2006 Fee will be \$550.00**      Trust Fund Contribution.            Added to Fees      **800000430618**  
02/22/06-80054-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARINGER, DUDLEY MD PA
STREET ADDRESS	50 WATER ST
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** *Dudley Baringer MD*      **Dudley Baringer**      *2/13/06*      **904823 3401**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Caytime Phone #