

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S97534

FILED  
Jan 27, 2010  
Secretary of State

**Entity Name:** DUDLEY A. BARINGER, M.D., P.A.

**Current Principal Place of Business:**

120 HEALTH PARK BLVD SUITE 1  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

120 HEALTH PARK BLVD SUITE 1  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 59-3104099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARINGER, DUDLEY A.  
120 HEALTH PARK BLVD  
SUITE 1  
ST. AUGUSTINE, FL 32086 US

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

BARINGER, DUDLEY A  
120 HEALTH PARK BLVD  
SUITE 1  
ST. AUGUSTINE, FL 32086 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:** DUDLEY A. BARINGER

01/27/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BARINGER, DUDLEY A  
**Address:** 50 WATER ST  
**City-St-Zip:** ST AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

**SIGNATURE:** DUDLEY A. BARINGER

P

01/27/2010

Electronic Signature of Signing Officer or Director

Date