


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90063 031 ***150.00

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| DOCUMENT # V33015 |  |
| 1. Entity Name BERNARD H. BALLOU, M.D., P.A. | |

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| Principal Place of Business 810 N.W. 16TH AVENUE., B GAINESVILLE, FL 32601-4012 | Mailing Address 810 N.W. 16TH AVENUE., B GAINESVILLE, FL 32601-4012 |
|---|---|

24025170

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| 2. Principal Place of Business 1026 SW 2ND AVENUE | 3. Mailing Address 1026 SW 2ND AVENUE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State GAINESVILLE, FL | City & State GAINESVILLE, FL |
| Zip 32601 | Zip 32601 |
| Country | Country |



01282004 Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3123711 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BALLOU, BERNARD H MD 810 N.W. 16TH AVENUE., B GAINESVILLE, FL 32601-4012 | 7. Name and Address of New Registered Agent Name BERNARD H. BALLOU, MD Street Address (P.O. Box Number is Not Acceptable) 1026 SW 2ND AVENUE City GAINESVILLE FL Zip Code 32601 |
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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 _____
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST BALLOU, BERNARD H MD 810 N.W. 16TH AVENUE., B GAINESVILLE, FL 326014012 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1026 SW 2ND AVENUE GAINESVILLE, FL 32601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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"/> Delete | 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 exemption stated in Section 119.07(3)(i), 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: **X** 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **2/24/04** Daytime Phone # **(352) 336-5730**