


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90419 045 ***150.00

DOCUMENT # V33015 1. Entity Name BERNARD H. BALLOU, M.D., P.A.					
Principal Place of Business 1026 NW 16th Avenue Gainesville, FL 32601			Mailing Address 1026 NW 16th Avenue Gainesville, FL 32601		
2. Principal Place of Business - No P.O. Box # 810 NW 16th Avenue		3. Mailing Address PO Box 358720			
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc.			
City & State Gainesville, FL		City & State Gainesville, FL		4. FEI Number 59-3123711	
Zip 32669		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32669		Country		6. Name and Address of Current Registered Agent BALLOU, BERNARD H MD 1026 NW 16th Avenue Gainesville, FL 32601	
Name BALLOU, BERNARD H MD		7. Name and Address of New Registered Agent Name BALLOU, BERNARD H MD			
Street Address (P.O. Box Number is Not Acceptable) 810 NW 16th Avenue, Suite A		Street Address (P.O. Box Number is Not Acceptable) 810 NW 16th Avenue, Suite A			
City Gainesville		State FL		Zip Code 32669	
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 <u>X</u> <u>Bernard H. Ballou MD</u> <u>4/25/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PVST	NAME BALLOU, BERNARD H MD		TITLE Change		
STREET ADDRESS 1026 NW 16th Avenue	CITY-ST-ZIP Gainesville, FL 32601		NAME 810 NW 16th Avenue, Suite A		
CITY-ST-ZIP Gainesville, FL 32601	CITY-ST-ZIP Gainesville, FL 32669		CITY-ST-ZIP Gainesville, FL 32669		
TITLE NAME	STREET ADDRESS NAME		CITY-ST-ZIP NAME		
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME		CITY-ST-ZIP NAME		
TITLE NAME	STREET ADDRESS NAME		CITY-ST-ZIP NAME		
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TITLE NAME	STREET ADDRESS NAME		CITY-ST-ZIP NAME		
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME		CITY-ST-ZIP NAME		
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: X <u>Bernard H. Ballou</u> <u>4/25/07</u> <u>(352) 334-6410</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					