2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2008 08:00 AN Secretary of State

ANNUAL REPORT			_	Mar 06, 2008 08		
MENT # V33015 RD H. BALLOU, M.D., P.A.				3	ecretary of S	
ce of Business T H AVENU E , FL 32669	Mailing Address P.O. BOX 358720 GAINESVILLE, FL 32635-8720	0		1 18 1 100 TUTA JUTU JUTU JUTA	1331 \$101 \$101 1131 1131 11 113	
OO NOT WRITE	N THIS SPAC	CE	01122008	No Chg-P	CR2E034 (11/05)	
			59-3123	3711	Not Applicable \$8.75 Additional Fee Required	
BERNARD H MD 6TH AVENUE, SUITE A ILLE, FL 32669	sylvinia Ayum		_	_		
itions of registered agent.				n, in the State of Florida	. I am familiar with, and accept	
E NOW!!! FEE IS \$150.00 lay 1, 2008 Fee will be \$550.00	_					
OFFICERS AND D PVST BALLOU, BERNARD H MD 810 NW 16TH AVENUE, SUITE A GAINESVILLE, FL 32669	RECTORS			NOT WR		
	MENT # V33015 THE RD H. BALLOU, M.D., P.A. THE OF BUSINESS THAVENUE 6. Name and Address of Current R. BERNARD H MD 6TH AVENUE, SUITE A ILLE, FL 32669 Propositions of registered agent. Signature typed or printed name of registered agent and ay 1, 2008 Fee will be \$550.00 OFFICERS AND D PVST BALLOU, BERNARD H MD 810 NW 16TH AVENUE, SUITE A	MENT # V33015 RD H. BALLOU, M.D., P.A. Pe of Business TH AVENUE P.O. BOX 358720 GAINESVILLE, FL 32635-8720 PO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent BERNARD H MD 6TH AVENUE, SUITE A ILLE, FL 32669 Pe named entity submits this statement for the purpose of changing its register tions of registered agent. Signature typed or profiled name of registered agent and ties if applicable Proficers AND DIRECTORS PVST BALLOU, BERNARD H MD 810 NW 16TH AVENUE, SUITE A	MENT # V33015 THE RD H. BALLOU, M.D., P.A. THE AVENUE P.O. BOX 358720 GAINESVILLE, FL 32635-8720 PO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent BERNARD H MD 6TH AVENUE, SUITE A ILLE, FL 32669 Promise of registered agent. Signature typed or profiled name of registered agent and title of applicable I.E. NOW!!! FEE IS \$150.00 BY 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS PVST BALLOU, BERNARD H MD 810 NW 16TH AVENUE, SUITE A	MENT # V33015 TRE NO H. BALLOU, M.D., P.A. The of Business Mailing Address P.O. BOX 358720 GAINESVILLE, FL 32635-8720 O1122008 A. FEI Number 59-312: 5. Certificate of Surrent Registered Agent BERNARD H MD 6TH AVENUE, SUITE A ILLE. FL 32669 Senamed entity submits this statement for the purpose of changing its registered office or registered agent, or bott itions of registered agent. Senamed entity submits this statement for the purpose of changing its registered office or registered agent, or bott itions of registered agent. Senamed entity submits this statement for the purpose of changing its registered office or registered agent, or bott itions of registered agent. Senamed entity submits this statement for the purpose of changing its registered office or registered agent, or bott itions of registered agent. Senamed entity submits this statement for the purpose of changing its registered office or registered agent, or bott itions of registered agent. Senamed entity submits this statement for the purpose of changing its registered office or registered agent, or bott itions of registered agent. POO IN T BERNARD H MD Senamed entity submits this statement for the purpose of changing its registered office or registered agent, or bott itions of registered agent. Senamed entity submits this statement for the purpose of changing its registered office or registered agent, or bott itions of registered agent. Senamed entity submits this statement for the purpose of changing its registered office or registered agent. Senamed entity submits this statement for the purpose of changing its registered office or registered agent. Senamed entity submits this statement for the purpose of changing its registered office or registered agent. Senamed entity submits this statement for the purpose of changing its registered office or registered agent.	MENT # V33015 TRO H. BALLOU, M.D., P.A. THE OF BUSINESS THAVENUE P.O. BOX 358720 GAINESVILLE, FL 32635-8720 OTT WRITE IN THIS SPACE A. FET Number 59-3123711 5. Certificate of Status Desired DO NOT WRITE IN THIS SPACE A. FET Number 59-3123711 5. Certificate of Status Desired DO NOT WRITE IN THIS SPACE BERNARD H MD 67H AVENUE, SUITE A ILLE, FL 32669 DO NOT WR IN THIS SPA Senamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida itions of registered agent. Segnature typed or purised name of registered agent and the if applicable (INOTE: Registered Agent segnature required when rendstand) Segnature typed or purised name of registered agent and the if applicable (INOTE: Registered Agent segnature required when rendstand) P. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS PVST BALLOU, BERNARD H MD B10 NW 167H AVENUE, SUITE A GAINESVILLE, FL 32669	

12. Thereby 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:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/08 (352) 334-6410