2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2008 08:00 A Secretary of State

DOCUMEN I # M94047 1. Entity Name CLAUDIA HALL PETERSON, D.O., P.A.						coury or a
Principal Place of Business Mailing Address 328 ACADIA DR PO BOX 422267 KISSIMMEE, FL 34759 KISSIMMEE, FL 34742-22						
DO NOT WRITE IN THIS SPAC 6. Name and Address of Current Registered Agent					is Desired	4 (11/05) Applied For Not Applicable 8.75 Additional ee Required
328 ACAD	N, D.O., CLAUDIA DR.	DO NOT WRITE IN THIS SPACE				
the obligat SIGNATURE_	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00		id Agent signature required		PATE	miliar will, and accept
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PD PETERSON, CLAUDIA DR. 328 ACADIA DR POINCIANA, FL 34759	RECTORS			Ü00000852911	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NO	OT WRITE	
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP						
12. I hereby of indicated of the cor	certify that the information supplied with this in on this report or supplemental report set poralism or the receiver or trustee supplemental reports or or on an exactment with an exact oss with	s filing dost not quality to the extend acculate and that my signater to execute this reports a requiral other like empowered	emptions contained alure shall have the ired by Chapter 607	d in Chapter 119, Florid same legal effect as if r 7, Florida Statutes; and	la Statutes. I further certificate under oath; that I are that my name appears in	y that the information n an officer or director Block 10 or Block 11 if