2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000117556

1. Entity Name

DEBRA GROENEVELD, P.A.



FILED Apr 21, 2008 08:00 A Secretary of State

Principal Place of Business

4710 NE 25 AVE FORT LAUDERDALE, FL 33308 Mailing Address

4710 NE 25 AVE

FORT LAUDERDALE, FL 33308



DO NOT WRITE IN THIS SPACE

04152008

No Chg-P

CR2E034 (11/05)

4. FEI Number 06-1663616

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

GROENEVELD, DEBRA 4710 NE 25 AVE FORT LAUDERDALE, FL 33308

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the obligations of registered agent.						
SIGNATURE	SNATURE				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Campaign Financing and Contribution.		\$5.00 May Be Added to Fees	U00000908969 05/06/08-80051-014	150.00

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

10. OFFICERS AND DIRECTORS n TITLE GROENEVELD, DEBRA NAME 4710 NE 25 AVE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33308 TITLE

DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP 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

SIGNATURE:

NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS