


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90058 037 ***150.00

DOCUMENT # P04000097862

1. Entity Name
 SUZANNE K. ZOSS, PH.D., P.A.



Principal Place of Business
 4300 BAYOU BLVD STE 35
 PENSACOLA, FL 32503

Mailing Address
 4300 BAYOU BLVD STE 35
 PENSACOLA, FL 32503

40050000



2. Principal Place of Business - No P.O. Box #
 1115 WATSON AVE.

3. Mailing Address
 1115 WATSON AVE.

Suite, Apt. #, etc.

01052007 Chg-P CR2E034 (12/06)

City & State
 PENSACOLA, FL

City & State
 PENSACOLA, FL

4. FEI Number
 20-1304323

Applied For
 Not Applicable

Zip
 32503

Country
 ESCAMBIA

Zip
 32503

Country
 ESCAMBIA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZOSS, SUZANNE K
 4300 BAYOU BLVD STE 35
 PENSACOLA, FL 32503

7. Name and Address of New Registered Agent

Name
 SUZANNE K. ZOSS

Street Address (P.O. Box Number is Not Acceptable)
 1115 WATSON AVE.

City
 PENSACOLA FL Zip Code
 32503

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: Suzanne K. Zoss, SUZANNE K. ZOSS, PRESIDENT 3-16-07

Signature, name or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZOSS, SUZANNE K 4300 BAYOU BLVD STE 35 PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Suzanne K. Zoss, Ph.D. 1115 Watson Avenue Pensacola, FL 32503 <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 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: Suzanne K. Zoss, SUZANNE K. ZOSS 3-16-07 850-291-2568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #