

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000075637

Entity Name: RACHAEL GREENE, P.A.

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

320 HIGH TIDE DRIVE  
ST. AUGUSTINE, FL 32080 US

## **New Principal Place of Business:**

320 HIGH TIDE DRIVE  
SUITE 101  
ST. AUGUSTINE, FL 32080 US

## **Current Mailing Address:**

320 HIGH TIDE DRIVE  
ST. AUGUSTINE, FL 32080 US

## **New Mailing Address:**

320 HIGH TIDE DRIVE  
SUITE 101  
ST. AUGUSTINE, FL 32080 US

FEI Number: 26-3158853

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

GREENE, RACHAEL  
320 HIGH TIDE DRIVE  
ST. AUGUSTINE, FL 32080 US

## **Name and Address of New Registered Agent:**

GREENE, RACHAEL  
320 HIGH TIDE DRIVE  
SUITE 101  
ST. AUGUSTINE, FL 32080 US

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.

SIGNATURE: RACHAEL WADE- GREENE

04/30/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: WADE-GREENE, RACHAEL  
Address: 516 WEEPING WILLOW LANE  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RACHAEL WADE-GREENE

P

04/30/2011

Electronic Signature of Signing Officer or Director

Date