


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000068761**

1. Entity Name  
 FCP OF SOUTH FLORIDA, INC.



Principal Place of Business  
 8250 COLLEGE PKWY #201  
 FORT MYERS, FL 33912

Mailing Address  
 8250 COLLEGE PKWY #201  
 FORT MYERS, FL 33912



01252007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0865870	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LEVAN, TERRIS T  
 8250 COLLEGE PKWY #201  
 FORT MYERS, FL 33912

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$180.00**  
**After May 1, 2007 Fee will be \$550.00**

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

U00000683292  
 04/11/07-80029-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVAN, TERRIS T 8250 COLLEGE PKWY #201 FORT MYERS, FL 33912
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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:** TERRIS LEVAN 1/27/07 239-482-4580

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