2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000050575

BARATTA, CAROL

STUART, FL 34996

31 SE HARBOR POINT DRIVE

Name:

Address:

City-St-Zip:

FILED Apr 22, 2007 Secretary of State

Entity Nar	ne: 1926 10T	H AVENUE NORTH, INC.							
Current Principal Place of Business:				New Principal Place of Business:					
31 S.E HAI STUART, I	RBOR POINT FL 34996	DR.							
Current Mailing Address:				New Mailing Address:					
31 S.E HAI STUART, I	RBOR POINT FL 34996	DR.							
FEI Number:	65-0598521	FEI Number Applied For ()	FEI Numl	ber Not Appli	icable ()	Certific	ate of Status Desired()		
Name and	Address of C	Current Registered Agent:	İ	Name and	Address of	New Reg	gistered Agent:		
MORTELL, EDWIN E III 301E OCEAN BOULEVARD, SUITE 200 STUART, FL 34994 US				2100 SE O STE 102	EDWIN E II CEAN BLVC FL 34996 U)			
The above in the State		submits this statement for the p	ourpose of	changing it	ts registered	office or	registered agent, or both,		
SIGNATURE:						(04/22/2007		
	Electror	nic Signature of Registered Age	ent				Date		
Election Can	npaign Financin	g Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	BARATTA, ROE	R POINT DRIVE	1	Title: Name: Address: City-St-Zip:	(() Change	() Addition		
Title: Name: Address: City-St-Zip:	BARATTA, SCO	EST HILLS COURT	1	Title: Name: Address: City-St-Zip:	DV (BARATTA, SO 923 RIVERSI STUART, FL	OTT R DE DRIVE	() Addition		
Title: Name: Address: City-St-Zip:	BARATTA, GRE	SET TRACE CIRCLE	1	Title: Name: Address: City-St-Zip:	(() Change	() Addition		
Title: Name: Address: City-St-Zip:	MORTELL, ME	R POINT DRIVE	1	Title: Name: Address: City-St-Zip:	(() Change	() Addition		
Title:	DS () Delete	-	Title:	(() Change	() Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT O. BARATTA, M.D. DP 04/22/2007