2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 640027

Name:

Address:

City-St-Zip:

PANE, DEBRA M.

9501 SW 160 ST.

MIAMI, FL 33157

FILED Feb 26, 2007 Secretary of State

Entity Nam	ne: ROBERT	T. PANE, D.V.M., P.A.		ocorciary or otate	
Current Principal Place of Business: 9501 S W 160 ST MIAMI, FL 33157			New Principal Pla	ace of Business:	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
9501 S W 1 MIAMI, FL					
FEI Number:	59-1926881	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
STAMEN, ROBERT A. 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES, FL 33146 US			10800 BISĆAYNE SUITE 988	HALBERG, MICHAEL A 10800 BISCAYNE BOULEVARD SUITE 988 MIAMI, FL 33161 US	
The above in the State		submits this statement for the p	urpose of changing its regist	tered office or registered agent, or both,	
SIGNATURE: MICHAEL A. HALBERG				02/26/2007	
Electronic Signature of Registered Agent			nt	Date	
Election Cam	paign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (PANE, DEBRA 9501 SW 160 MIAMI, FL 331	ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S () 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 T. PANE PVD 02/26/2007