## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 16, 2007 08:00 AM DOCUMENT # G78661 **Secretary of State** 1. Entity Name DIANE LITWAK, C.R.N.A., P.A. Principal Place of Business Mailing Address 1235 N FLORIDA AVE 1235 N FLORIDA AVE TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 US No Chg-P CR2E034 (11/05) 01122007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2366579 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LITWAK, DIANE DO NOT WRITE 1235 NORTH FLORIDA AVE TARPON SPRINGS, FL 34689 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) U00000586913 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 01/17/07-80012-011 150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME LITWAK, DIANE 1235 N FLORIDA AVE STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

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 receivenor 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:** 

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signe Liruak 1.12.07

1)27-939

Daytime Phone #

**FILED**