

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H18119

FILED
Mar 20, 2007
Secretary of State

Entity Name: REVA S. WISEMAN, PHD PA

Current Principal Place of Business:

6601 SW 80 STREET
#202
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

6601 SW 80 STREET
#202
MIAMI, FL 33143

New Mailing Address:

FEI Number: 59-2585093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISEMAN, REVA S PHD
508 CALIGULA AVE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: WISEMAN, REVA S
Address: 508 CALIGULA
City-St-Zip: CORAL GABLES, FL

Title: DP () Delete
Name: WISEMAN, H A
Address: 508 CALIGULA
City-St-Zip: CORAL GABLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: WISEMAN, REVA S PH.D.
Address: 508 CALIGULA
City-St-Zip: CORAL GABLES, FL

Title: DR (X) Change () Addition
Name: WISEMAN, H A PHD
Address: 508 CALIGULA
City-St-Zip: CORAL GABLES, FL 33146 US

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.

SIGNATURE: REVA S. WISEMAN

DR.

03/20/2007

Electronic Signature of Signing Officer or Director

Date