
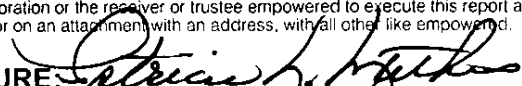


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90031 012 ***150.00

DOCUMENT # H23325 1. Entity Name PATRICIA N. MATHIS, P.A.						
Principal Place of Business 1 NE 23 AVE POMPANO BEACH, FL 33062			Mailing Address 1 NE 23 AVE POMPANO BEACH, FL 33062			
2. Principal Place of Business - No P.O. Box # 3330 NE 32 ST Suite, Apt. #, etc.		3. Mailing Address 3330 NE 32 ST Suite, Apt. #, etc.				
City & State FT LAUDERDALE FL		City & State FT LAUDERDALE FL		4. FEI Number 59-2448580		
Zip 33308		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MATHIS, PATRICIA N. 1 NE 23 AVE POMPANO BEACH, FL 33062			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 2040 NE 27 AVE City POMPANO BEACH FL Zip Code 33062			
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 \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST MATHIS, PATRICIA 1 NE 23 AVE POMPANO BEACH, FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3330 NE 32 ST FT LAUDERDALE, FL 33308	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NORTON, ELAINE M 3330 NE 32 ST FORT LAUDERDALE, FL 33308		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  PATRICIA N. MATHIS			Date 4/7/08 Daytime Phone # 954-566-9906			