


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90327 015 ***150.00

| | | |
|---|--|---|
| DOCUMENT # K21016 | |  |
| 1. Entity Name R.L. WESTBERRY, PH.D., PA | | |

| | |
|---|---|
| Principal Place of Business 3100 CORAL HILLS DR #202 POMPANO BEACH, FL 33065 | Mailing Address 3100 CORAL HILLS DR #202 POMPANO BEACH, FL 33065 |
|---|---|

| | |
|--|--|
| 2. Principal Place of Business 3111 No. University Drive Suite, Apt. #, etc. #400 | 3. Mailing Address 3111 No. University Drive Suite, Apt. #, etc. #400 |
|--|--|

| | | | |
|--|----------------|--|----------------|
| City & State Coral Springs, Florida Zip 33065 | Country USA | City & State Coral Springs, Florida Zip 33065 | Country USA |
|--|----------------|--|----------------|



03282006 Chg-P CR2E034 (11/05)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-0039807 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent WESTBERRY, R. L. 3100 CORAL HILLS DR., #202 POMPANO BEACH, FL 33065 | |
|--|--|

| | |
|--|--|
| 7. Name and Address of New Registered Agent Name R. L. Westberry Street Address (P.O. Box Number is Not Acceptable) 3111 No. University Drive, #400 City Coral Springs, FL Zip Code 33065 | |
|--|--|

| | |
|--|--|
| 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: <u>Richard L. Westberry</u> DATE: <u>4/2/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
|--|--|

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD WESTBERRY, RICHARD L. 12671 NW 14TH PLACE FORT LAUDERDALE, FL 33323 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> 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: <u>RICHARD L. WESTBERRY, PH.D.</u> <u>Richard L. Westberry</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date: <u>4/2/06</u> Daytime Phone #: <u>954-575-8775</u> |