2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 07, 2009
Secretary of State

DOCUMENT# L31191

Entity Name: NANCY DOMEYER, P.A.

Current Principal Place of Business:

115 W. WOOLBRIGHT RD.
BUILDING #2
BOYNTON BCH., FL 33435

New Principal Place of Business:

Current Mailing Address:

115 W. WOOLBRIGHT RD.
BUILDING #2
BOYNTON BCH., FL 33435

New Mailing Address:

115 W. WOOLBRIGHT AVE.
BUILDING # 2
BOYNTON BEACH, FL 33435

FEI Number: 65-0159394 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOMEYER, NANCY
42 N LAKESHORE DR
HYPOLUXO, FL 33462 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

OFFICERS AND DIRECTORS:

Title:	DPS	( ) Delete
Name:	DOMEYER, NANCY	
Address:	115 W. WOOLBRIGHT RD.	
City-St-Zip:	BOYNTON BCH., FL 33435	
Title:	OD	( ) Delete
Name:	DOMEYER, NANCY	
Address:	115 W. WOOLBRIGHT RD.	
City-St-Zip:	BOYNTON BCH., FL 33435	
Title:	S	( ) Delete
Name:	SCHOCH, STEPHANIE L MS.	
Address:	2759 AMBRIDGE RD.	
City-St-Zip:	LANTANA, FL 33462	
Title:	VP	(X) Delete
Name:	DONAGHUE, ELAINE	
Address:	115 W. WOOLBRIGHT AVE.	
City-St-Zip:	BOYNTON BCH, FL 33435	
Title:	D	(X) Delete
Name:	CARBALLEIRA, DAN	
Address:	115 W. WOOLBRIGHT AVE.	
City-St-Zip:	BOYNTON BCH., FL 33435	
Title:	AS	(X) Delete
Name:	ZUCKER, LESLIE	
Address:	115 W. WOOLBRIGHT AVE.	
City-St-Zip:	BOYNTON BCH., FL 33435	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: NANCY DOMEYER DPS 10/07/2009

Electronic Signature of Signing Officer or Director — Date