2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# M17660

Entity Name: ROSEMARIE N. SANDERSON, P.A.

Current Principal Place of Business:

201 S BISCAYNE BLVD
16 FL
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

201 S BISCAYNE BLVD
16 FL
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 59-2548341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BOULEVARD
1600 MIAMI CENTER
MIAMI, FL 33131 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: D ( ) Delete
Name: KAISER, KRISTINE
Address: 4745 LA GRANGE RD.
City-St-Zip: SHELBYVILLE, KY 40065

Title: DV ( ) Delete
Name: PERRONE, STEPHEN L.,
Address: 201 S BISCAYNE BLVD 16TH
City-St-Zip: MIAMI, FL

Title: DP ( ) Delete
Name: SCHADAE, ROSEMARIE
Address: 201 S BISCAYNE BLVD 16TH
City-St-Zip: MIAMI, FL

Title: ST ( ) Delete
Name: NETTINA, RITA M
Address: 4900 VAN BUREN ST.
City-St-Zip: HOLLYWOOD, FL 33021

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:

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: ROSEMARIE N. SCHADAE P 02/12/2009

Electronic Signature of Signing Officer or Director — Date