

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Sep 09, 2008  
Secretary of State**

DOCUMENT# M68121

Entity Name: JAMES R. BRAUSS, P.A.

**Current Principal Place of Business:**

1528 NE 4 AVENUE  
FT. LAUDERDALE, FL 33304 US

**New Principal Place of Business:**

**Current Mailing Address:**

% SANDRA BRAUSS  
1528 NE 4 AVENUE  
FT. LAUDERDALE, FL 33304 US

**New Mailing Address:**

1528 NE 4 AVENUE  
FT. LAUDERDALE, FL 33304 US

FEI Number: 65-0033562      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRAUSS, SANDRA  
1528 N.E. 4TH AVE.  
FT. LAUDERDALE, FL 33304 US

**Name and Address of New Registered Agent:**

BRAUSS, SANDRA  
1528 N.E. 4TH AVE.  
FT. LAUDERDALE, FL 33304 US

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: SANDRA BRAUSS      09/09/2008  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BRAUSS, JAMES R. DR,  
Address: 1528 NE 4TH AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33304 US

Title: VTS (X) Delete  
Name: BRAUSS, SANDRA MRS.,  
Address: 1528 NE 4TH AVE  
City-St-Zip: FT. LAUDERDALE, FL 33304 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVTS (X) Change ( ) Addition  
Name: BRAUSS, JAMES R. DR,  
Address: 1528 NE 4TH AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33304 US

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: DR JAMES R. BRAUSS      PVTS      09/09/2008  
Electronic Signature of Signing Officer or Director      Date