

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000021411

Entity Name: HOLT ANATOMICAL, INC.

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

233 NW 36 ST  
MIAMI, FL 331273129

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 370749  
MIAMI, FL 331370749

**New Mailing Address:**

FEI Number: 65-0989073

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOLT, DEBRA LYN  
233 NW 36TH STREET  
MIAMI, FL 33127 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  
Name: HOLT, DEBRA LYN  
Address: 233 NW 36TH STREET  
City-St-Zip: MIAMI, FL 33127

I hereby 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 all other like empowered.

SIGNATURE: DEBRA HOLT

D

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date