

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000030675

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Entity Name:** KAREN M. GALLAGHER, P.A.

**Current Principal Place of Business:**

1301 RIVERPLACE BLVD  
SUITE 1840  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

1406 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

3520 HIDDEN LAKE DR E  
JACKSONVILLE, FL 32216

**New Mailing Address:**

P.O. BOX 550605  
JACKSONVILLE, FL 32255

FEI Number: 59-3713735

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GALLAGHER, KAREN M  
3520 E HIDDEN LAKE DR  
JACKSONVILLE, FL 32216 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: PRES  
Name: GALLAGHER, KAREN M  
Address: P.O. BOX 550605  
City-St-Zip: JACKSONVILLE, FL 32255

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: KAREN M. GALLAGHER

PRES

02/23/2012

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

\_\_\_\_\_ Date