## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000009894**

SUZANNE FANNON SUMMERLIN, P.A.



**FILED** Apr 01, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

2536 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32309

2536 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32309



or trustee empowered to execute this epo

01072008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 90-0015927 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

SUMMERLIN, SUZANNE F 2536 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32309

of the corporation or the received

DO NOT WRITE IN THIS SPACE

SIGNATURE_	Signature, typed or printed name of registered agent and title in	applicable. (NOTE Registered	Agent signature required when reinstating}	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	(4)的中心的主义是15年2月19日(1)	· 图· 1997年 中国人民国际中国人民国际公司
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUMMERLIN, SUZANNE F 2536 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32309			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				000000876847 04/11/08-80088-022 150:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplier ental report is rure and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the corporation or the receives of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if				

8. 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. I am familiar with, and accept