

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # P02000012032

1. Entity Name
BRITT HEALTH CARE TECHNICAL SERVICES,
INCORPORATED



Principal Place of Business
2907 S. E. 15TH TERRACE
HOMESTEAD, FL 33035

Mailing Address
P.O. BOX 343070
FLORIDA CITY, FL 33034



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0933923

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRITT, JOYCE Q
P.O. BOX 343070
FLORIDA CITY, FL 33034

**DO NOT WRITE
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE Joyce Q. Britt VSD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/30/07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000754068
05/22/07-80045-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BRITT, CARY F 2907 S.E. 15TH TERRACE HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BRITT, JOYCE Q 2907 S.E. 15TH TERRACE HOMESTEAD, FL 33035
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**DO NOT WRITE
IN THIS SPACE**

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 supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cary F. Britt Cary F. Britt, PTD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 243-5818