

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000056464

Entity Name: SALLY MASTERS, P.A.

**FILED**  
**Jan 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4401 POND APPLE DR S  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

4401 POND APPLE DR S  
NAPLES, FL 34119

**New Mailing Address:**

FEI Number: 02-0604958

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LICHT, MICHAEL A  
791 10TH STREET S  
SUITE 301  
NAPLES, FL 34102 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: D  
Name: MASTERS, SALLY A P.A.  
Address: 4401 POND APPLE DR S  
City-St-Zip: NAPLES, FL 34119

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: SALLY A MASTERS PA

D

01/21/2012

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

\_\_\_\_\_  
Date