

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2007 8:00 am
Secretary of State

07-06-2007 90020 004 ***150.00

66020820



07022007 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0398413** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P02000093236

1. Entity Name
PATRICIA A. MATTSON, P.A.



Principal Place of Business
**800 PARKVIEW DR.
220
HALLANDALE, FL 33009**

Mailing Address
**800 PARKVIEW DR.
220
HALLANDALE, FL 33009**

6. Name and Address of Current Registered Agent

**MATTSON, PATRICIA A.
800 PARKVIEW DR.
220
HALLANDALE, FL 33009**

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: *[Signature]* DATE: *08/05/07*

(NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.183(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MATTSON, PATRICIA A 1800 HALLANDALE BEACH BLVD #85040 HALLANDALE, FL 330085040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MATTSON, ROBERT A P.O. BOX 85040 HALLANDALE, FL 33008
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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: *Patricia A. Mattson, President* 7-1-07
PA 08/5/07 2nd Time



ATTACHMENT

66020820

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2007

PATRICIA A. MATTSON, P.A.
800 PARKVIEW DR.
220
HALLANDALE, FL 33009

Subject: PATRICIA A. MATTSON, P.A.

Reference Number: P02000093236

*Received
08/4/07
Your letter
mailed
8/2/07*

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/KH
ANNUAL REPORTS SECTION