

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**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**



03132008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0396413**

Applied For  
Not Applicable

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

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

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**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

U000000860956  
04/02/08-80078-025 150.00

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/13/08**  
Date

Daytime Phone #