

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113609

**FILED**  
**Apr 01, 2008**  
**Secretary of State**

**Entity Name:** TRACY D CASPER CRNA, PA

**Current Principal Place of Business:**

247 RILYN DR  
WEST PALM BEACH, FL 33405

**New Principal Place of Business:**

7597 LAKE WORTH RD  
LAKE WORTH, FL 33467

**Current Mailing Address:**

247 RILYN DR  
WEST PALM BEACH, FL 33405

**New Mailing Address:**

FEI Number: 56-2298606      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CASPER, TRACY D CRNA  
247N RILYN DR  
WEST PALM BEACH, FL 33405      US

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

CASPER, TRACY D CRNA  
247 RILYN DR  
WEST PALM BEACH, FL 33405      US

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: \_\_\_\_\_ 04/01/2008  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: CASPER, TRACY D  
Address: 247 RILYN DR  
City-St-Zip: WEST PALM BEACH, FL 33405

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TRACY D. CASPER      PRES      04/01/2008  
Electronic Signature of Signing Officer or Director      Date