

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113609

**FILED**  
**Jan 07, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

3602 KYOTO GARDENS DR  
PALM BCH GARDENS, FL 33410

**New Principal Place of Business:**

1400 NW 12TH AVE  
MIAMI, FL 33136

**Current Mailing Address:**

247 RILYN DR  
WEST PALM BEACH, FL 33405

**New Mailing Address:**

9213 HEATHRIDGE DR  
WEST PALM BEACH, FL 33411

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  
247 RILYN DR  
WEST PALM BEACH, FL 33405 US

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

CASPER, TRACY D CRNA  
9213 HEATHRIDGE DR  
WEST PALM BEACH, FL 33411 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: TRACY DANIELS CASPER

01/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: CASPER, TRACY D  
Address: 9213 HEATHRIDGE DR  
City-St-Zip: WEST PALM BEACH, FL 33411

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: TRACY DANIELS CASPER

PRES

01/07/2012

Electronic Signature of Signing Officer or Director

Date