

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90027 011 ***158.75

DOCUMENT # P02000129826

1. Entity Name
NDA PRACTICE MANAGEMENT, INC.



Principal Place of Business

**2580 NW 103 AVE
210
SUNRISE, FL 33322**

Mailing Address

**8930 STATE RD 84 STE 179
DAVIE, FL 33324**

DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number
02-0655377

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DIAZ, NORMA
2580 NW 103 AVE
210
SUNRISE, FL 33322**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

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
**CEO
DIAZ, NORMA
2580 NW 103 AVE #210
SUNRISE, FL 33322**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-2008

ATTACHMENT
600 24430

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS					
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2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

**** The document number, business name and file date cannot be changed on the report. ****

Document Number P02000129826

Business Entity Name NDA PRACTICE MANAGEMENT, INC.

Original File Date 12/10/2002

FEI Number 02-0655377

Principal Address 2580 NW 103 AVE
210
SUNRISE, FL 33322

Mailing Address 8930 STATE RD 84 STE 179
DAVIE, FL 33324

Registered Agent NORMA DIAZ
~~2580 NW 103 AVE~~ 3529 Lakeside Drive
~~210~~
~~SUNRISE, FL 33322~~ Davie, FL 33328

Officer/Director Name And Address

CEO
NORMA DIAZ
2580 NW 103 AVE #210
SUNRISE, FL 33322

If all of the above information is correct and you do not wish to make any changes, please select:

If you need to make changes to the above information, please select:

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