

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90078 032 ***150.00

DOCUMENT # P03000033087

1. Entity Name

DESHONDA BAILEY, P.A.



Principal Place of Business

ATRIUM 4801 S. UNIVERSITY DRIVE
#102
FORT LAUDERDALE FL 33328

Mailing Address

ATRIUM 4801 S. UNIVERSITY DRIVE
#102
FORT LAUDERDALE FL 33328



2. Principal Place of Business - No P.O. Box #

7975 Margate Blvd.

Suite, Apt. #, etc.

Unit 206

City & State

Margate, FL

Zip

33063

Country

USA

3. Mailing Address

4631 NW 31st Avenue

Suite, Apt. #, etc.

Box 153

City & State

Fort Lauderdale, FL

Zip

33309

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number 33-1052604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAILEY, DESHONDA
THE ATRIUM
4801 S. UNIVERSITY DRIVE, # 102
FORT LAUDERDALE FL 33328

7. Name and Address of New Registered Agent

Name

Bailey, DeShonda

Street Address (P.O. Box Number is Not Acceptable)

7975 Margate Blvd.,

Unit 206

City

Margate

FL

Zip Code

33063

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 translating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P, D	<input type="checkbox"/> Delete
NAME	BAILEY, DESHONDA	
STREET ADDRESS	ATRIUM, 4801 S. UNIVERSITY DRIVE, STE 102	
CITY- ST- ZIP	FORT LAUDERDALE FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bailey, DeShonda	
STREET ADDRESS	7975 Margate, Blvd., Unit 206	
CITY- ST- ZIP	Margate, FL 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: D. Bailey DeShonda Bailey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

Date

(954) 632-2581

Daytime Phone #