

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061290

Entity Name: BRIEF SOLUTIONS, P.A.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

8660 COLLEGE PARKWAY
SUITE 80
FORT MYERS, FL 33919 US

New Principal Place of Business:

2614 TAMIAMI TRAIL NORTH
NAPLES, FL 34103 US

Current Mailing Address:

1925 TARPON ROAD
NAPLES, FL 34102 US

New Mailing Address:

2614 TAMIAMI TRAIL NORTH
NAPLES, FL 34103 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRACK, GAIL PATRICIA DR.
1925 TARPON ROAD
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

BRACK, GAIL PATRICIA DR.
2614 TAMIAMI TRAIL NORTH
NAPLES, FL 34103 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: GAIL PATRICIA BRACK

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: BRACK, GAIL P DR.
Address: 1925 TARPON ROAD
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: BRACK, GAIL P DR.
Address: 2614 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34103 US

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: GAIL PATRICIA BRACK

DR

05/01/2009

Electronic Signature of Signing Officer or Director

Date