2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # P04000042523

1. Entity Name

RICHARD ADDISON P.A.



Apr 14, 2008 08:00 A Secretary of State

FILED

Principal Place of Business

1911 SW 148TH WAY MIRAMAR, FL 33027

Mailing Address

1911 SW 148TH WAY MIRAMAR, FL 33027



DO NOT WRITE IN THIS SPACE

04082008 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2440408 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADDISON, RICHARD 1911 SW 148TH WAY MIRAMAR, FL 33027

DO NOT WRITE IN THIS SPACE

					•
8. The above notine obligation	named entity submits this statement for the one of registered agent.	purpose of changing its registere	l. " ed office or registered agent, or bo	th, in the State of Florida. I am familiar with, and acc	ept
SIGNATURE					
S	ignature, typed or printed name of registered agent and title	al applicable (NOTE Registered	d Agent signature required when reinstating)	DATE	
FILE After Ma	NOW!!! FEE IS \$150.00 y-1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10;	OFFICERS AND DIRE	CTORS	ar in	· (基) (4) (1) (1) (2) (4) (4) (4) (4) (4) (4) (4)	
NAME	P ADDISON, RICHARD - 1911 SW <u>1</u> 48TH WAY MIRAMAR, FL 33027			/U00000893347 04/23/08-80101-015 150.00	`e i
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
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12. Thereby certify that the information supplied with this filling 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: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(A) 4/12/0 Daytime P