

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000066696

FILED
Apr 11, 2009
Secretary of State

Entity Name: DR. RHONDA HENDRIX, P.A.

Current Principal Place of Business:

748 BEAL PARKWAY NORTHWEST
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

748 BEAL PARKWAY NORTHWEST NW
FORT WALTON BEACH, FL 32547

Current Mailing Address:

748 BEAL PARKWAY NORTHWEST
FORT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 63-0963287 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HENDRIX, RHONDA
144 RED MAPLE WAY
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

HENDRIX, RHONDA OD
144 RED MAPLE WAY
NICEVILLE, FL 32578 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: DR. RHONDA HENDRIX, PA

04/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HENDRIX, RHONDA
Address: 144 RED MAPLE WAY
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DR. RHONDA HENDRIX, PA

P

04/11/2009

Electronic Signature of Signing Officer or Director

Date