

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000066696

FILED  
Mar 28, 2012  
Secretary of State

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

**Current Principal Place of Business:**

748 BEAL PARKWAY NORTHWEST NW  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

748 BEAL PARKWAY NORTHWEST NW  
FORT WALTON BEACH, FL 32547

**New Mailing Address:**

FEI Number: 90-0443667

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

NICHOLS, RHONDA OD  
144 RED MAPLE WAY  
NICEVILLE, FL 32578 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NICHOLS, RHONDA A  
Address: 144 RED MAPLE WAY  
City-St-Zip: NICEVILLE, FL 32578

Title: VP  
Name: HENDRIX, HALEY B  
Address: 144 RED MAPLE WAY  
City-St-Zip: NICEVILLE, FL 32578

Title: VP  
Name: HENDRIX, TYLYN B  
Address: 144 RED MAPLE WAY  
City-St-Zip: NICEVILLE, FL 32578

Title: VP  
Name: HENDRIX, KENZIE B  
Address: 144 RED MAPLE WAY  
City-St-Zip: NICEVILLE, FL 32578

Title: SEC  
Name: PERRYMAN, TANNER  
Address: 144 RED MAPLE WAY  
City-St-Zip: NICEVILLE, FL 32578

Title: TRES  
Name: NICHOLS, MICHAEL J  
Address: 144 RED MAPLE WAY  
City-St-Zip: NICEVILLE, FL 32578

I hereby 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 all other like empowered.

SIGNATURE: DR. RHONDA HENDRIX PA

OD

03/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date