

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000170893

1. Entity Name

ALEXANDRA CROSSMAN, M.D., P.A.



Principal Place of Business

1723 NORTH HALIFAC AVENUE
DAYTONA BEACH, FL 32118

Mailing Address

1723 NORTH HALIFAC AVENUE
DAYTONA BEACH, FL 32118

FILED
Apr 02, 2007 08:00 AM
Secretary of State



03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3793348	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CROSSMAN, ALEXANDRA
1723 NORTH HALIFAC AVENUE
DAYTONA BEACH, FL 32118

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CROSSMAN, ALEXANDRA
STREET ADDRESS	1723 NO. HALIFAX AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000685978
04/09/07-80027-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/2007

Date

(386) 589-5741

Daytime Phone #