## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 31, 2008 08:00 AN Secretary of State DOCUMENT # P04000170893 1. Entity Name ALEXANDRA CROSSMAN, M.D., P.A. Principal Place of Business Mailing Address 1723 NORTH HALIFAC AVENUE 1723 NORTH HALIFAC AVENUE DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 No Chg-P CR2E034 (11/05) 01232008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3793348 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CROSSMAN, ALEXANDRA DO NOT WRITE 1723 NORTH HALIFAC AVENUE DAYTONA BEACH, FL 32118 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME CROSSMAN, ALEXANDRA STREET ADDRESS 1723 NO. HALIFAX AVENUE CITY-ST-ZIP DAYTONA BEACH, FL 32118 U000000000655257 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST; ZIP \*

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 AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: