

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000043926

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** THE LAW OFFICE OF SANDI D. MILMED, P.A.

**Current Principal Place of Business:**

3202 HENDERSON BLVD.  
SUITE 202  
TAMPA, FL 336093043

**New Principal Place of Business:**

3202 HENDERSON BLVD.  
SUITE 202  
TAMPA, FL 336093043 US

**Current Mailing Address:**

3202 HENDERSON BLVD.  
SUITE 202  
TAMPA, FL 336093043

**New Mailing Address:**

3202 HENDERSON BLVD.  
SUITE 202  
TAMPA, FL 336093043 US

**FEI Number:** 71-0979168

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILMED, SANDI D  
3202 HENDERSON BLVD.  
202  
TAMPA, FL 336093043 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: MILMED, SANDI D  
Address: 3202 HENDERSON BLVD., STE. 202  
City-St-Zip: TAMPA, FL 336093043

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:** SANDI D. MILMED

PT

04/28/2010

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

\_\_\_\_\_  
Date