

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000066819

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** MAUREEN M. RICHARDS, ARNP, P.A.

**Current Principal Place of Business:**

821 OVERBROOK DR  
FT WALTON BEACH, FL 32547

**New Principal Place of Business:**

118 TRUXTON AVE  
FT WALTON BEACH, FL 32547

**Current Mailing Address:**

821 OVERBROOK DR  
FT WALTON BEACH, FL 32547

**New Mailing Address:**

**FEI Number:** 56-2516865      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RICHARDS, MAUREEN  
821 OVERBROOK DR  
FT WALTON BEACH, FL 32547      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:** PRES  
**Name:** RICHARDS, MAUREEN  
**Address:** 821 OVERBROOK DR  
**City-St-Zip:** FT WALTON BEACH, FL 32547

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: MAUREEN M. RICHARDS

PRES

01/07/2010

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

\_\_\_\_\_ Date