

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P05000067732

1. Entity Name
DR. ELIZABETH EISENHauer PROSSER, P.A.



Principal Place of Business
**320 S. TAMiami TRAIL
NOKOMIS, FL 34275**

Mailing Address
**2221 LAKEWOOD DRIVE
NOKOMIS, FL 34275**



05022007 No Chg-P CR2E034 (11/05)

4. FEI Number
68-0606649

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PROSSER, ELIZABETH E
2221 LAKEWOOD DRIVE
NOKOMIS, FL 34275**

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PROSSER, EISENHauer E
STREET ADDRESS	2221 LAKEWOOD DRIVE
CITY-ST-ZIP	NOKOMIS, FL 34275
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	

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05/29/07-80032-014 158.75

**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

4.27.07

Date

Daytime Phone #