



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000132433 1. Entity Name ARLEEN M. SOSA, PHARM D, P.A.	
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Principal Place of Business 1671 W 37 ST - STE 6 HIALEAH, FL 33012	Mailing Address 1671 W 37 ST - STE 6 HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE

	
01212008 No Chg-P CR2E034 (11/05)	
4. FEI Number 20-3552267	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SOSA, ARLEEN M 1671 W 37 ST - STE 6 HIALEAH, FL 33012	DO NOT WRITE IN THIS SPACE
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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 <u>Arleen M. Sosa</u> <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>3-14-08</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000859819 04/02/08-80035-019 150.00
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOSA, ARLEEN M 1671 W 37 ST - STE 6 HIALEAH, FL 33012	
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TITLE NAME 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: <u>Arleen M. Sosa</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>3-14-08</u> (305) 558-2038 <small>Daytime Phone #</small>