2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 8:00 am Secretary of State

DOCUMENT # P05000148869 1. Enlity Name DEBORAH BEACHAM, P.A.						01-29-2007	90080 024	***15	0.00
Principal Plac	e of Business	Mailing Address		·					
1416 CASEY KEY RD POB 1810									
NOKOMIS, FL 34275 NOKOMIS, FL 34274									
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2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
1220 Casey Key Rd						ilot okil bolit ozili dol	81 8 8 581 8 0		EBB III LBBI
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01252007	Chg-P	CR2E034	(12/06)	
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Nokomis F_		City & State			4. FEI Number 20-3756	767			plied For t Applicable
Zip	Country	Zip	Coun	itry			_ \$8	.75 Add	
3427	5				5. Certificate of	Status Desired		Required	
	6. Name and Address of Current F	Registered Agent			7. Name and A	ddress of New R	legistered Age	nt	
				Name					
LPS CORPORATE SERVICES, INC. 46 N. WASHINGTON BLVD., STE. 1				Street Address (P.O. Box Number is Not Acceptable)					
SARASOTA, FL 34236						·	<u> </u>		
	•								
				City			FL	Zip Code	,
8 The above	named entity submits this statement for	the purpose of changing its	register	ed office or regi	istered agent, or both	in the State of Flo		iliar with	and accent
	tions of registered agent.	the purpose of changing his	register	ou onice or regi	istered agent, or both,	in the state of the	Silva, Tairitairi	iner with t	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd little if applicable. (NOTE	Registere	d Agent signature rec	quired when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00	9. Election Campai	gn Finar		\$5.00 May Be	•			
	ay 1, 2007 Fee will be \$550.0				Added to Fees				
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12. I hereby certify that the information supplied with this filling 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:

Officers_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/2007

944.376.2488

Daytime Phone #