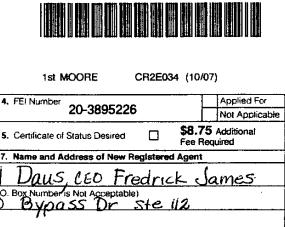
## 2008 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P05000159892

1. Entity Name KATHRYN S BEST, P.A. Principal Place of Business Mailing Address 1149 WYNDHAM LAKES DR. ODESSA, FL 33556 1149 WYNDHAM LAKES DR. ODESSA, FL 33556 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Country Zip Zip

## FILED Feb 06, 2008 8:00 am Secretary of State

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				·	•	!	5. Certificate	of Status Desir	ed 📙	Fee Requir		
	6. Name	and Address	of Current R	egistered Agent		7. Name and Address of New Registered Agent						
MA.	TKINS, C	ARL T	Fred	Daus, ceo	Name	-re	d Dau	S, CEO	Fredric	< Jai	nes	
510	ick James Budass Dr. Ste 11	<b>\</b>	Street Address (P.O. Box Number is Not Acceptable) 600 Bypass Dr ste 112									
IAN	MARL 3	3034	600 E	3ypass Dr. Ste 11 ater, FL 33764	2/		710					
*			Clearw	ater, FL33761	City	Cle	arwat	er, FL	FL	Zip Co	de 764	
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 Supported by Dest 1/28/08 Synature, Typed or profit name of regulatered agent and title if profitation. (NOTE Registered agent approprint required inhall representing)  DATE												
After May 1, 2008 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  9. Election Campaign Financing Trust Fund Contribution.   Added to Fees												
10.		OFF	ICERS AND D	PIRECTORS	11.		ADDITIONS	/CHANGES TO	OFFICERS AND	DIRECTO	RS IN 11	
TITLE	P,S			☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	BEST, KAT				NAME							
STREET ADDRESS	1	DHAM LAKE	S DR		STREET ADORESS							
CITY-ST-ZIP	ODESSA F	L 33556			CITY-ST-ZIP							
TITLE	VP,T			☐ Daiete	MITE					☐ Change	Addition	
NAME	BEST, JAM				NAME							
STREET ADDRESS	,	DHAM LAKE	S DR		STREET ADORESS							
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SIGNATURE: <u>Kathryn</u> J. Bust, D.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

1/28/08

(813) 926-9420

<sup>12.</sup> I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.