2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000001854

1. Entity Name

RICHARD A. MERLINO, P.A.



FILED Feb 04, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

ONE EAST BROWARD BLVD.

ONE EAST BROWARD BLVD.

SUITE 700 FT. LAUDERDALE, FL 33301 SUITE 700 FT. LAUDERDALE, FL, 33301

01252008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-4052795

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

MERLINO, RICHARD A ONE EAST BROWARD BLVD. SUITE 700 FT. LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

			<u> </u>	<u>。 </u>
	ove named entity submits this statement for the judgetions of registered agent.	ourpose of changing its regi	istered office or registered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATUI				
	Signature, typed or printed name of registered agent and title	if applicable, (NOTE Reg	(Istered Agen) signature required when reinstating)	DATE
F After	FILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee will be \$550.00	9. Election Campaign F Trust Fund Contribut	inancing \$5.00 May Be down	
10.	OFFICERS AND DIRE	CTORS	是是是是是一个人。 第115章 (2011年)	医学学的 医复数性精神性病 医胆囊性 医神经性病
TITLE	PTSD			
NAME	MERLINO, RICHARD A			
	I		- ■奥特の一体でも外には、発展と問じて深刻	" definite in the Profession of the Committee of the Com

STREET ADDRESS | ONE EAST BROWARD BLVD., SUITE 700 FT. LAUDERDALE, FL 33301 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME : STREET ADDRESS

DO NOT WRITE IN THIS SPACE

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 in changed, or on an attachment with an address, with all other like empowered.

A. MERLING

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO