


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2007 8:00 am**  
**Secretary of State**

06-06-2007 90003 003 \*\*\*158.75

<b>DOCUMENT # P06000017682</b> 1. Entity Name <b>BLANCA PALENCIA-KERR, PH.D., P.A.</b>					
Principal Place of Business <b>P.O. BOX 550007</b> <b>FT. LAUDERDALE, FL 33355 US</b>			Mailing Address <b>P.O. BOX 550007</b> <b>FT. LAUDERDALE, FL 33355 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1580 Sawgrass Corp. Pkwy.</b> Suite, Apt. #, etc. <b>130</b>		3. Mailing Address <b>1580 Sawgrass Corporate Pkwy.</b> Suite, Apt. #, etc. <b>130</b>			
City & State <b>Sunrise, FL</b>		City & State <b>Sunrise, FL</b>			
Zip <b>33323</b>		Country <b>US</b>		4. FEI Number <b>20-4308250</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32352</b>			7. Name and Address of New Registered Agent Name <b>Same</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>D</b> NAME <b>PALENCIA-KERR, BLANCA PH.D.</b> STREET ADDRESS <b>3320 SW 116 AVENUE</b> CITY-ST-ZIP <b>DAVIE, FL 33330</b>	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <b>Blanca Palencia-Kerr, Ph.D.</b>			<b>5-31-07 (954) 315-4641</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		