

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000019378

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** LINDA A. EVANS, PH. D., PA

**Current Principal Place of Business:**

101 N. OCEAN DR.  
SUITE 212  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

101 N. OCEAN DR.  
SUITE 212  
HOLLYWOOD, FL 33019

**New Mailing Address:**

**FEI Number:** 20-4173510

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAX RECOVERY SERVICES INC  
429 EAST SHERIDAN STREET  
DANIA BEACH, FL 33004 US

**Name and Address of New Registered Agent:**

TAX RECOVERY SERVICES INC  
2455 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 US

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.

**SIGNATURE:** MARK J. HAJEK, JD

04/26/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** EVANS, LINDA A PH.D.  
**Address:** 320 S. SURF RD., APT. 701  
**City-St-Zip:** HOLLYWOOD, FL 33019

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LINDA A. EVANS, PH.D.

PRES

04/26/2012

Electronic Signature of Signing Officer or Director

Date