

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90281 030 ***150.00

DOCUMENT # P06000060365

1. Entity Name
LINDA HEALY, PA



Principal Place of Business
4931 SPINET DRIVE
MELBOURNE, FL 32940 US

Mailing Address
4931 SPINET DRIVE
MELBOURNE, FL 32940 US

40078395



2. Principal Place of Business - No P.O. Box #
4931 Spinet Dr.
Suite, Apt. #, etc.

3. Mailing Address
4931 Spinet Dr
Suite, Apt. #, etc.

04192007 Chg-P CR2E034 (12/06)

City & State
Melbourne FL
Zip 32940
Country USA

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Melbourne FL
Zip 32940
Country USA

4. FEI Number
20-4746027
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DICK MULLER, INC
1127 S. PATRICK DRIVE
SUITE #3
SATELLITE BEACH, FL 32937

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HEALY, LINDA
STREET ADDRESS 4931 SPINET DRIVE
CITY - ST - ZIP MELBOURNE, FL 32940 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

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: Linda Healy PA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07
Date

321-917-9425
Daytime Phone #