

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P06000113925

1. Entity Name  
EILEEN R SNYDER, ARNP P.A.



Principal Place of Business

27080 LAMBETH RD  
BROOKSVILLE, FL 34960-7176

Mailing Address

27080 LAMBETH RD  
BROOKSVILLE, FL 34960-7176

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062008 Chg-P CR2E034 (12/06)

4. FEI Number  
20-5793581

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

6. Name and Address of Current Registered Agent

PUNWANI, AMEET A  
ONE TAMPA CITY CENTER  
SUITE 2505  
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name PUNWANI AMEET A

Street Address (P.O. Box Number is Not Acceptable)

30632 TIVERSON DR  
WESLEY CHAPEL FL 33543

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

3/5/08

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME SNYDER, EILEEN R  
STREET ADDRESS 27080 LAMBETH RD  
CITY-ST-ZIP BROOKSVILLE, FL 349607176

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
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:

(Signature, typed or printed name of signing officer or director)

3/21/08 351-428-7720  
Date Daytime Phone #

Eileen R. Snyder, ARNP P.A.