

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000127340

1. Entity Name
BETHRINA SORIANO, CRNA PA



**FILED
Apr 14, 2008 8:00 am
Secretary of State**

04-14-2008 90055 020 ***150.00

Principal Place of Business

1716 WESTERLY DRIVE
BRANDON, FL 33511

Mailing Address

1716 WESTERLY DRIVE
BRANDON, FL 33511

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

1239 ACAPPELLA LANE
Suite, Apt. #, etc.

3. Mailing Address

1239 ACAPPELLA LANE
Suite, Apt. #, etc.

City & State

APOLLO BEACH, FL

Zip 33572

Country USA

City & State

APOLLO BEACH, FL

Zip 33572

Country USA

4. FEI Number
20-5664332

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SORIANO, BETHRINA
1716 WESTERLY DRIVE
BRANDON, FL 33511

Name

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

1239 ACAPPELLA LANE

APOLLO BEACH

City

FL Zip Code
33572

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, 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.T
NAME SORIANO, BETHRINA
STREET ADDRESS 1716 WESTERLY DRIVE
CITY-ST-ZIP BRANDON, FL 33511

Delete

Change Addition

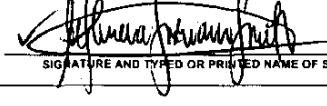
1239 ACAPPELLA LANE
APOLLO BEACH, FL 33572

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4/10/08

Date

Daytime Phone #