

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 30, 2008 08:00 AM
Secretary of State**DOCUMENT # P06000143363**

1. Entity Name

PAULA CHRISTINE HEMANI, PA



Principal Place of Business

9102 SOUTHERN BREEZE DRIVE
ORLANDO, FL 32836

Mailing Address

9102 SOUTHERN BREEZE DRIVE
ORLANDO, FL 32836

04212008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-5910509

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**DO NOT WRITE IN THIS SPACE****6. Name and Address of Current Registered Agent**HEMANI, PAULA C
9102 SOUTHERN BREEZE DRIVE
ORLANDO, FL 32836**DO NOT WRITE
IN THIS SPACE****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)

000000934303

05/23/08-80027-007 150.00

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**TITLE P
NAME HEMANI, PAULA C
STREET ADDRESS 9102 SOUTHERN BREEZE DRIVE
CITY-ST-ZIP ORLANDO, FL 32836TITLE
NAME
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CITY-ST-ZIP**DO NOT WRITE
IN THIS SPACE****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

Date

Daytime Phone: *

4/28/08