2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# P07000100507

Entity Name: JACQUELINE B PEVNY M.D., P.A.

Current Principal Place of Business:

2040 ALTA MEADOWS LANE
SUITE 1601
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

2040 ALTA MEADOWS LANE
SUITE 1601
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 05-0556130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

PEVNY, JACQUELINE B M.D.,PA
2040 ALTA MEADOWS LANE
SUITE 1601
DELRAY BEACH, FL 33444 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: JACQUELINE B. PEVNY 04/24/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: PEVNY, JACAUELINE B
Address: 2040 ALTA MEADOWS LANE SUITE 1601
City-St-Zip: DELRAY BEACH, FL 33444

Title: D ( ) Delete
Name: PEVNY, JACAUELINE B
Address: 2040 ALTA MEADOWS LANE SUITE 1601
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JACQUELINE PEVNY DR. 04/24/2008
Electronic Signature of Signing Officer or Director Date