## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000021643

Entity Name: HIPNOTIC OCCASIONS, INC.

FILED Jul 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1955 NW 55TH AVENUE MARGATE, FL 33063

Current Mailing Address: New Mailing Address:

1955 NW 55TH AVENUE MARGATE, FL 33063

FEI Number: 26-2065857 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FLORIDA HEALTH LAW CENTER, LLC
7805 SW 6TH COURT
PLANTATION, FL 33324 US
SELIGSOHN, ROBIN P
7378 W ATLANTIC BLVD
213
MARGATE, FL 33063 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: ROBIN SELIGSOHN

ROBIN SELIGSOHN 07/07/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 ( ) Delete
 Title:
 P
 (X) Change ( ) Addition

 Name:
 WILLIAMS, SHAUN D
 Name:
 SELIGSOHN, ROBIN P

 Address:
 4651 SW 12TH COLIRT
 Address:
 7378 W ATLANTIC BLVD #213

 Address:
 4651 SW 12TH COURT
 Address:
 7378 W ATLANTIC BLVD #213

 City-St-Zip:
 DEERFIELD BEACH, FL 33442
 City-St-Zip:
 MARGATE, FL 33063

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 SELINGSOHN, ROBIN
 Name:

 Address:
 79 NW 108TH TERRACE
 Address:

 City-St-Zip:
 PLANTATION, FL 33324
 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: ROBIN SELIGSOHN P 07/07/2009