

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000086593

Entity Name: MYRA NICHOLSON, P.A.

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

1743 PARK CENTER DRIVE  
ORLANDO, FL 32835

## **New Principal Place of Business:**

1701 PARK CENTER DRIVE  
SUITE 100  
ORLANDO, FL 32835

## **Current Mailing Address:**

1743 PARK CENTER DRIVE  
ORLANDO, FL 32835

## **New Mailing Address:**

1701 PARK CENTER DRIVE  
SUITE 100  
ORLANDO, FL 32835

FEI Number: 27-1184041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

NICHOLSON, MYRA P  
1743 PARK CENTER DRIVE  
ORLANDO, FL 32835 US

## **Name and Address of New Registered Agent:**

NICHOLSON, MYRA P  
1701 PARK CENTER DRIVE  
SUITE 100  
ORLANDO, FL 32835 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:

04/21/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P/D  
Name: NICHOLSON, MYRA P  
Address: 1701 PARK CENTER DRIVE, STE 100  
City-St-Zip: ORLANDO, FL 32835

Title: S  
Name: NICHOLSON, MYRA P  
Address: 1701 PARK CENTER DRIVE, STE 100  
City-St-Zip: ORLANDO, FL 32835

I hereby 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 all other like empowered.

SIGNATURE: MYRA NICHOLSON

P

04/21/2011

Electronic Signature of Signing Officer or Director

Date