

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000102128

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**Entity Name:** HEATHER LUEKE SMITH, P.A.

**Current Principal Place of Business:**

200 S. INDIAN RIVER DRIVE  
302  
FORT PIERCE, FL 34950 US

**Current Mailing Address:**

200 S. INDIAN RIVER DRIVE  
302  
FORT PIERCE, FL 34950 US

**New Principal Place of Business:**

200 S. INDIAN RIVER DRIVE  
305  
FORT PIERCE, FL 34950 US

**New Mailing Address:**

200 S. INDIAN RIVER DRIVE  
305  
FORT PIERCE, FL 34950 US

**FEI Number:** 45-3951269

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, HEATHER L  
1639B LAUREL LEAF LANE  
FORT PIERCE, FL 34950 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SMITH, HEATHER L  
Address: 1639B LAUREL LEAF LANE  
City-St-Zip: FORT PIERCE, FL 34950 US

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: HEATHER LUEKE SMITH

P

01/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date