


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P92000007329</b> 1. Entity Name S. WALLIS PINSLEY, D.O., P.A.	
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Principal Place of Business 1325 S. CONGRESS AVE. SUITE #207 BOYNTON BEACH, FL 33426 US	Mailing Address 1325 S. CONGRESS AVE. SUITE #207 BOYNTON BEACH, FL 33426 US
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01192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0376883	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  PINSLEY, DR. SHERRI W 1325 S. CONGRESS AVE #207 BOYNTON BEACH, FL 33426	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINSLEY, SHERRY W DRS 1325 SO. CONGRESS AVE., STE 207 BOYNTON BEACH, FL 33426
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01/26/07-80108-024 150.00

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at the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information port 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 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 chment with an address, with all other like empowered.

*Miriam Wallis* - MIRIAM WALLIS 1-23-07  
TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #