

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000085243**

1. Entity Name  
**DEENA S. RICHMAN, PH.D., P.A.**



Principal Place of Business  
**10232 SAN JOSE BLVD.  
JACKSONVILLE, FL 32257**

Mailing Address  
**10232 SAN JOSE BLVD.  
JACKSONVILLE, FL 32257**



01132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3216302</b>	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**

**SAFER, ELIOT J  
10110 SAN JOSE BLVD  
JACKSONVILLE, FL 32257**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when not certified)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**U00000587703  
01/17/07-80045-002 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>RICHMAN, DEENA S PHD</b>
STREET ADDRESS	<b>11449 SEDGEMOORE DRIVE</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32223</b>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name has changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Deena S Richman PhD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-13-07**  
Date