

DOCUMENT # P94000001497

1. Entity Name

SHERRY VOSSLER RISCH, PHD., P.A.

Principal Place of Business

205 ZEAGLER DR.  
SUITE 303  
PALATKA FL 32177

Mailing Address

205 ZEAGLER DR.  
SUITE 303  
PALATKA FL 32177

2. Principal Place of Business

2610 U.S. 1 So.

3. Mailing Address

2610 U.S. 1 So.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32086

Country

USA

Zip

32086

Country

USA

4. FEI Number

59-3218163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RISCH, SHERRY V  
205 ZEAGLER DR.  
SUITE 303  
PALATKA FL 32177

7. Name and Address of New Registered Agent

Name

Sherry V. Risch

Street Address (P.O. Box Number is Not Acceptable)

2610 U.S. 1 So.

City

St. Augustine

FL

Zip Code

32086

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RISCH, SHERRY V PHD.	
STREET ADDRESS	205 ZEAGLER DR., SUITE 303	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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; 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90107 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)