FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT ... CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400025974

1. Corporation Name RHONDA A. ANDERSON, P.A.				
Principal Place of Business	Mailing Address		f illnitinet ton anter dente parer	
2420 CORAL WAY MIAMI FL 33145		DO NOT W		
U\$	U\$		3. Date Incorporated or Qualife 03/28/1994	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	
21	26		65-0451056	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	
City & State	City & State		6. Election Campaign Financing	
23	28		Trust Fund Contribution	
ZipCountry	Zip	Country	8. This corporation owes the co	
24 25	29 3	0	Personal Property Tax.	
9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New	
ANDERSON, RHONDA A		81 Name 82 Street	Address (P.O. Box Number is Not Accept	
2420 CORAL WAY				
MIAMI FL 33145		83		
	~ <i>(</i> 1	84 City		
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with and accept the oblige SIGNATURE	ovFlorida. Such change was autitions of Seglion 607.0505, Florid	norized by the corp la Statutes.	oration's board of directors. Thereby acc	
Signature Types or printed name of registered age 12. OFFICERS AI	int and title if applicable. (NOTE: R	egistered Agent signature	required when reinstating) ADDITIONS/CHANGES TO C	
<u> </u>	DELETE	1.1 TITLE	1	
TITLE D		=		

May 04, 1999 8:00 am Secretary of State

05-04-1999 90073 005 ***150.00

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420 CORAL WAY IAMI FL 33145 MIAMI FL 33145				•				
					DO NOT WRITE IN THIS SPACE			
\$		US			3. Date incorporated or Qualifed			
						'		}
						03/28/1994	1-1	Applied For
Principal Pl	ace of Business	2a. Mailing Add	ress			4. FEI Number	- ا	<u></u>
ļ		26				65-0451056		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. i	ŧ, etc.			5. Certificate of Status Desired	•	5 Additional
1		27			16 -5 -5			Required
City & State	, , , , , , , , , , , , , , , , , , , ,	City & State	City & State		6. Election Campaign Financing			
3		28	28		Trust Fund Contribution	Adde	ed to Fees	
Zip	Country	Zip	Cor	untry		8. This corporation owes the current y	ear Intangible	
1	25	29	30			Personal Property Tax.	Yes	. □No
1	9. Name and Address of Cur		<u> </u>			10. Name and Address of New Regis	tered Agent	
	*	<u> </u>		81	Name	-	•	
AND	ERSON, RHONDA A							
	CORAL WAY			82	Street Add	fress (P.O. Box Number is Not Acceptable)	•	
	AI FL 33145			83				
IVIIAN	MI FL 33145			03				
•				84	City		85 Z	ip Code
	· / /	~ 1			,		FL T	
1. Pursuant	to the provisions of Sections 607.0	502 and 607.150% Flo	rida Statutes, the a	bove	e-named cor	poration submits this statement for the purp	ose of changing	its registered
office or re	egistered agent, or both, in the Sta	rte of/Florida. Such cha	nge was authorize 10505, Florida Stai	d by	the corporat	poration submits this statement for the per- ion's board of directors. I hereby accept the	appointment as	registered
agent. i ai	m tamiliar with and accept the out	Ilganois of Section our	.0000, I lorida ola		•	3 //6	199	1
SIGNATURE	Signature types or printed name of registered	annut and title if contractio	(NOTE: Registere	d Anor	nt signature requi	U / · -	AFE J	——)
2.		AND DIRECTORS	13.		it aignature requi	ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 12
MLE				TTLE		4	☐ Chan	
	D /	_	1				_	1
AME	ANDERSON, RHONDA A		1	IAME				}
TREET ADDRESS	2420 CORAL WAY		1.3 \$	TREE	TADDRESS			
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AME	:		2.2 N	IAME				
TREET ADDRESS	•		2.3 9	TREE	TADDRESS			
			2.41	CITY. S	ST- ZIP			
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TREET ADDRESS	· . · ·				TADDRESS			
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AME	1		4.2	NAME				
TREET ADDRESS	**		4.3 9	TREE	T ADDRESS	•		
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TREET ADDRESS								
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ITLE		Ц	OLLE I L	TILE			Chan	ge C Addition
	•		■ 62 h	IAME				

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 annual report of supplieriental annual 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 repeiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an applicament with an address, with all gitter like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS