2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 05, 2007 08:00 AM DOCUMENT # P96000064867 1. Entity Name **Secretary of State** PERCY LEE NELSON, D.P.M., P.A. Principal Place of Business Mailing Address 21110 BISCAYNE BLVD 21110 BISCAYNE BLVD #201 **AVENTURA FL 33180 AVENTURA FL 33180** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 58-2252849 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NELSON, PERCY L Stroot Address (P.O. Box Number is Not Acceptable) 21110 BISCAYNE BLVD #201 AVENTURA FL 33180 City Zip Code 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 equired when reinstation) FILE NOW!!! FEE IS \$ 50.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. THLE ☐ Change Addition Delete THIE NELSON, PERCY L DR NAMI NAME. U00000620684 21110 BISCAYNE BLVD #201 STRUCT ADDRESS STREET ADDRESS 02/09/07-80046-012 150.00 **AVENTURA FL 33180** CHY-SI-ZIP CHY+SI+7IP ☐ Change Addition ☐ Delete NELSON, PERCY H NAME 21110 BISCAYNE BLVD #201 STREET ADDRESS STREET ADDRESS **AVENTURA FL 33180** CITY-ST-ZIP CITY-ST-ZIP Change unt Defete ☐ Addition THEF NELSON, RONALD B NAME NAME 21110 BISCAYNE BLVD #201 STREET ADORESS STREET ADDRESS CHY-ST-7R AVENTURA FL 33180 CITY-ST-ZIP Change Addition ☐ Delete NELSON, RYAN J NAMI NAME 21110 BISCAYNE BLVD #201 STREET ADDRESS STREET ADDRESS AVENTURA FL 33180 CITY-ST-ZIP CHY-SI-7IP ☐ Delete ■ Addition TITLE Change NAMI! NAME STREET ADDRESS STREET LADDRESS CITY-ST-7/P CHY-SI-7IP 'nШ TITLE. ☐ Change Addition ☐ Delete NAMI. NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

2. I horoby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an efficer or director of the corporation of 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 changed, or on an attachment with an address, with all either like propowered.

SIGNATURE:

BNATURE AND TYPED OF PRINTED NAME OF SHANING OFFICE OF DIRECTOR

786-252-5924 Date Dayline Price #