2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000104453

1. Entity Name
VIVIAN F. VICKERS, P.A.

Principal Place of Business	Mailing Address
9079 SW 129TH LN. MIAMI, FL 33156	9079 SW 129TH LN. MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

04112006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0752657	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132

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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U000000519911
05/02/06-80072-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VICKERS, VIVIAN F
STREET ADDRESS	9079 SW 129TH LN.
CITY-ST-ZIP	MIAMI, FL 33156

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Vivian J. Vickers, P.A._   4-15-2006   305-254-8776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #