


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90070 032 ***150.00

DOCUMENT # P98000000368

1. Entity Name
LINDA SPAULDING WHITE, P.A.



Principal Place of Business
**633 SOUTH FEDERAL HIGHWAY
 FORT LAUDERDALE, FL 33301**

Mailing Address
**633 SOUTH FEDERAL HIGHWAY
 FORT LAUDERDALE, FL 33301**

2. Principal Place of Business - No P.O. Box #
100 SE. Third Avenue

3. Mailing Address
10 Broad and Cassel

Suite, Apt. #, etc.
Suite 2700

Suite, Apt. #, etc.
P.O. Box 14010

City & State
Fort Lauderdale, FL


City & State
Fort Lauderdale, FL

Zip
33394

Country

Zip
33302

Country



04122007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0804777

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SPAULDING WHITE, LINDA
 633 SOUTH FEDERAL HIGHWAY
 FORT LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
One S.E. Third Avenue

Suite 2700

City **Fort Lauderdale** **FL** Zip Code **33394**

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 _____ (NOTE: Registered Agent signature required when reinstating) 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

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD SPAULDING WHITE, LINDA 633 SOUTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33301 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | One S.E. Third Ave, Suite 2700 Fort Lauderdale, FL 33394 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **4/13/07** **954 745 5251**

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