2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000079235

City-St-Zip:

MAITLAND, FL 32751

Entity Name: ANNE-MARIE BERCIK PH.D. P.A.

FILED Feb 03, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
|---|---|----------------------------------|------------------------------------|--|--|
| 202 | YSIDE CR., ID, FL 32751 | | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| 202 MAITLAN | YSIDE CR., ID, FL 32751 r: 59-3530018 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| | | , | , | ., | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 202 QUÁ` 202 | ANNE MARIE YSIDE CR ID, FL 32751 U | JS | | | |
| | e named entity te of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATU | JRE: | | | | |
| | Electro | nic Signature of Registered Age | ent | Date | |
| Election Ca | ampaign Financir | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: | PD (BERCIK, ANNI 202 QUAYSID | | Title: Name: Address: | () Change () Addition | |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE-MARIE BERCIK PD 02/03/2009