

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90012 043 ***150.00

DOCUMENT # P99000016779 1. Entity Name ARLENE L. KASNER, L.N., P.A.					
Principal Place of Business 3475 SHERIDAN STREET, STE. 310 HOLLYWOOD, FL 33021-3660			Mailing Address 3475 SHERIDAN STREET, STE. 310 HOLLYWOOD, FL 33021-3660		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 8863 Sunscape Lane Suite, Apt. #, etc.			
City & State Zip Country		City & State Boca Raton, FL Zip Country 33496 U.S.A.		4. FEI Number 65-0899089	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KASNER, STEWART L 4701 SARAZEN DR HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASNER, ARLENE L 3475 SHERIDAN STREET, STE. 310 HOLLYWOOD, FL 330213660		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Kasner, Arlene L. 8863 Sunscape Lane Boca Raton, FL 33496	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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: <u>Arlene L. Kasner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2-25-07</u> Daytime Phone #: <u>954-986-6400</u>		
Arlene L. Kasner, President					

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