

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000041900

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** REBECCA MIRANDA TRIPI, P.A.

**Current Principal Place of Business:**

3086 SOUTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

351 15TH AVE. SOUTH  
SUITE C  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

3086 SOUTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

351 15TH AVE. SOUTH  
SUITE C  
JACKSONVILLE BEACH, FL 32250

**FEI Number:** 59-3576733

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRIP, REBECCA M  
3086 SOUTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250 US

**Name and Address of New Registered Agent:**

TRIP, REBECCA M  
351 15TH AVE. SOUTH  
SUITE C  
JACKSONVILLE BEACH, FL 32250 US

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.

SIGNATURE:

03/03/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSDT  
Name: TRIPI, REBBECA M  
Address: 351 15TH AVE. SOUTH, SUITE C  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby 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 all other like empowered.

SIGNATURE: REBECCA M. TRIPI

PSDT

03/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date