2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V01138

1. Entity Name CHARLOTTE A. HEALY, P.A.



FILED Apr 02, 2007 08:00 AM Secretary of State

Principal Place of Business

4400 N. FEDERAL HIGHWAY

SUITE 42

BOCA RATON, FL 33431

Mailing Address

4400 N. FEDERAL HIGHWAY

SUITE 42

BOCA RATON, FL 33431



DO NOT WRITE IN THIS SPACE

02162007 No Chg-P

CR2E034 (11/05)

FEI Number
 65-0303416

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEALY, CHARLOTTE A. 4400 N. FEDERAL HIGHWAY SUITE 42 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the p ions of registered agent.	urpose of changing its registered	l office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered a	Agent signature	required when rainstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finance Trust Fund Contribution	ing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEALY, CHARLOTTE A. 4400 N. FEDERAL HIGHWAY, STE 42 BOCA RATON, FL 33431				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	U00000665358 04/09/07-80003-007 150:00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					,

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 life empowered.

SIGNATURE:

STREET ADORESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

E A. HEALY 3

Daytime Phone #