

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000123824

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** BRANDIE S. MATHISON, P.A.

**Current Principal Place of Business:**

1390 N. HANCOCK RD.  
CLERMONT, FL 34711

**New Principal Place of Business:**

1635 W. HWY 50 SUITE 100B  
CLERMONT, FL 34711

**Current Mailing Address:**

P.O. BOX 120505  
CLERMONT, FL 34712

**New Mailing Address:**

**FEI Number:** 20-1524910

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MATHISON, BRANDIE S  
1390 N. HANCOCK RD.  
CLERMONT, FL 34711 US

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

MATHISON-KLEIN, BRANDIE S  
1635 W. HWY 50 SUITE 100B  
CLERMONT, FL 34711 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:** BRANDIE S. MATHISON-KLEIN

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DPS  
**Name:** MATHISON-KLEIN, BRANDIE S  
**Address:** 1635 W. HWY 50 SUITE 100B  
**City-St-Zip:** CLERMONT, FL 34711

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:** BRANDIE S. MATHISON-KLEIN

PRES

04/29/2011

Electronic Signature of Signing Officer or Director

Date