

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000068367

**FILED**  
**Mar 24, 2011**  
**Secretary of State**

**Entity Name:** MICHAEL H. RATHJENS, PSY.D., P.A.

**Current Principal Place of Business:**

12012 SOUTH SHORE BLVD.  
SUITE 108  
WELLINGTON, FL 33414

**New Principal Place of Business:**

12012 SOUTH SHORE BLVD.  
SUITE 108  
WELLINGTON, FL 33414 UN

**Current Mailing Address:**

4682 FOXVIEW PLACE  
LAKE WORTH, FL 33467

**New Mailing Address:**

4682 FOXVIEW PLACE  
LAKE WORTH, FL 33467 UN

**FEI Number:** 65-1033685

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RATHJENS, MICHAEL H  
4682 FOXVIEW PLACE  
LAKE WORTH, FL 33467 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: RATHJENS, MICHAEL H  
Address: 4682 FOXVIEW PLACE  
City-St-Zip: LAKE WORTH, FL 33467 UN

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: MICHAEL RATHJENS

PRES

03/24/2011

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

\_\_\_\_\_ Date