2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State
02-09-2004 90024 050 ***158.75

DOCUMENT # P03000043489

1. Entity Name
GALIT SHALOM, PSY. D., P.A.

Principal Place of Business	Mailing Address
350 CAMINO GARDENS BLVD, SUITE 301 BOCA RATON FL 33432	350 CAMINO GARDENS BLVD, SUITE 301 BOCA RATON FL 33432

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
350 Camino Gardens Blvd	16493 SW 27 St
Suite, Apt. #, etc. Suite 301	Suite, Apt. #, etc. –
City & State Boca-Raton, FL	City & State Miramar, FL
Zip 33027 Country USA	Zip 33027 Country USA

4. FEI Number 14-1881332 ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHALOM, GALIT PSY. D SILVER ISLES 16493 SW 27 STREET MIRAMAR FL 33027	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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P SHALOM, GALIT PSY. D. 16493 SW 27 STREET MIRAMAR FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Anita Seyed; 2404 SW 14th place N. Lauderdale, FL 33068 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHALOM, MOSHE PSY. D. 16493 SW 27 STREET MIRAMAR FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Galit Shalom, Psy. D. 1-31-2004 (954)610-9559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #