2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

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

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

Mailing Address
350 CAMINO GARDENS BLVD, SUITE 301
BOCA RATON FL 33432

MOORE CR2E034 (11/03)

2. Principal Place of Business: 350 Camino Gardens Blvd
Suite, Apt. #, etc.: Suite 301
City & State: Boca-Raton, FL
Zip: 33027 Country: USA

3. Mailing Address: 16493 SW 27 St
Suite, Apt. #, etc.: –
City & State: Miramar, FL
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
SHALOM, GALIT PSY. D
SILVER ISLES 16493 SW 27 STREET
MIRAMAR FL 33027

7. Name and Address of New Registered Agent
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

TITLE	P ☐ Delete
NAME	SHALOM, GALIT PSY. D.
STREET ADDRESS	16493 SW 27 STREET
CITY-ST-ZIP	MIRAMAR FL 33027
TITLE	D ☐ Delete
NAME	SHALOM, MOSHE PSY. D.
STREET ADDRESS	16493 SW 27 STREET
CITY-ST-ZIP	MIRAMAR FL 33027
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S ☐ Change ☑ Addition
NAME	Anita Segedi
STREET ADDRESS	2404 SW 14th Place
CITY-ST-ZIP	N. Lauderdale, FL 33068
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 #