


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 12, 2005 8:00 am
Secretary of State

08-16-2005 90038 022 ***150.00

DOCUMENT # P03000100126			
1. Entity Name MARY C. BRAND, LCSW, P.A.			
Principal Place of Business 1808 ORCHID STREET SARASOTA FL 34239 US		Mailing Address 5247 MYRTLEWOOD SARASOTA FL 34235 US	
2. Principal Place of Business <i>5500 Bee Ridge Rd</i>		3. Mailing Address <i>(Same)</i>	
Suite, Apt. #, etc. <i>Suite 204</i>		Suite, Apt. #, etc.	
City & State <i>SARASOTA, FL.</i>		City & State	
Zip <i>34233</i>	Country <i>SARASOTA</i>	Zip	Country
6. Name and Address of Current Registered Agent BRAND, MARY C 5247 MYRTLEWOOD SARASOTA FL 34235		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		<i>Mary C. Brand LCSW, P.A.</i>	DATE <i>4/16/2005</i>
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAND, MARY C	NAME	
STREET ADDRESS	5247 MYRTLEWOOD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34235	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAND, MARY C	NAME	
STREET ADDRESS	5247 MYRTLEWOOD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34235	CITY-ST-ZIP	
TITLE	SEC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAND, MARY C	NAME	
STREET ADDRESS	5247 MYRTLEWOOD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34235	CITY-ST-ZIP	
TITLE	TRES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAND, MARY C	NAME	
STREET ADDRESS	5247 MYRTLEWOOD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34235	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:		<i>Mary C. Brand</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>4/16/2005</i> (941)342-8540	

8/

66061660



1st MOORE CR2E034 (10/04)



ATTACHMENT

66027228

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 18, 2005

MARY C. BRAND, LCSW, P.A.
5247 MYRTLEWOOD
SARASOTA, FL 34235 US

Subject: MARY C. BRAND, LCSW, P.A.

Reference Number: P03000100126

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCAION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-
1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS
ANNUAL REPORTS SECTION

*didn't
receive prior
notice & need
late fee waiver.*

ATTACHMENT

Mary Brand LCSW
5247 Myrtlewood
Sarasota, FL 34235

66027228

To: Florida Dept of State
Annual Reports Section

Reference # PO3000100126

Please waive the late
fee as I did not
receive prior notice.

Thank you,

Mary Brand

P.S. \$150. sent and deposited
previously.