

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132909

**FILED**  
**May 14, 2005**  
**Secretary of State**

**Entity Name:** SHERRY A. PALAMARA, PSY. D., PA.

**Current Principal Place of Business:**

8249 NW 36TH STREET  
#100  
MIAMI, FL 33166

**New Principal Place of Business:**

407 LINCOLN ROAD  
6K  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

8249 NW 36TH STREET  
#100  
MIAMI, FL 33166

**New Mailing Address:**

407 LINCOLN ROAD  
6K  
MIAMI BEACH, FL 33139

**FEI Number:** 83-0375128

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALAMARA, SHERRY A  
8249 NW 36TH STREET  
#100  
MIAMI, FL 33166 US

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

PALAMARA, SHERRY A  
407 LINCOLN ROAD  
6K  
MIAMI BEACH, FL 33139 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: \_\_\_\_\_

05/14/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: PALAMARA, SHERRY A PSYD,PA  
Address: 8249 NW 36TH STREET #100  
City-St-Zip: MIAMI, FL 33166

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: PALAMARA, SHERRY A PSYD,PA  
Address: 407 LINCOLN ROAD; SUITE 6K  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SHERRY A. PALAMARA

DR.

05/14/2005

Electronic Signature of Signing Officer or Director

Date