

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000040199**

1. Entity Name  
BETH ROBINSON, MS, LMHC, P.A.



Principal Place of Business  
3504 SW 34TH CIR  
SUITE 202  
OCALA, FL 34474

Mailing Address  
2925 SW 32ND AVENUE

**DO NOT WRITE IN THIS SPACE**



07272006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0834092	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

ROBINSON, BETH  
2925 SW 32ND AVENUE  
OCALA, FL 34474

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ROBINSON, BETH 2925 SW 32ND AVENUE OCALA, FL 34474
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07/31/06-80003-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Beth Robinson MS, LMHC, P.A.* Beth Robinson MS, LMHC, P.A. 7/27/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #