2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000138655

Entity Name: LAWRENCE J. LEVY, PSY.D., P.A.

FILED Jan 05, 2009 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
STE 207	NO GARDENS				
Current Mailing Address:			New Mailing Address:		
398 CAMINO GARDENS DR STE 207					
	TON, FL 3343	2			
FEI Number:	20-3625226	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of 0	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
STE 207	VRENCE J NO GARDENS FON, FL 3343				
	named entity of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: LAWREN	ICE J. LEVY, PSY.D.			
	Electro	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (LEVY, LAWRE 398 CAMINO G BOCA RATON	ARDENS DR	Title: Name: Address: City-St-Zin:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LAWRENCE J. LEVY, PSY.D. PD 01/05/2009