2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# P08000104677

Entity Name: NEKESHIA HAMMOND, PSY.D., P.A.

Current Principal Place of Business:

3005 LITHIA PINECREST DR.
VALRICO, FL 33596

New Principal Place of Business:

3005 LITHIA PINECREST RD.
VALRICO, FL 33596

Current Mailing Address:

3005 LITHIA PINECREST DR.
VALRICO, FL 33596

New Mailing Address:

3005 LITHIA PINECREST RD.
VALRICO, FL 33596

FEI Number: 26-3794238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ON-SITE ACCOUNTING, INC.
1407 E. BAKER STREET
SUITE B
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P, T ( ) Delete
Name: HAMMOND, NEKESHIA
Address: 4826 POND RIDGE DRIVE
City-St-Zip: RIVERVIEW, FL 33578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, T (X) Change ( ) Addition
Name: HAMMOND, NEKESHIA DR
Address: 3005 LITHIA PINECREST RD.
City-St-Zip: VALRICO, FL 33596

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: NEKESHIA HAMMOND, PSY.D. P, T 04/14/2009

Electronic Signature of Signing Officer or Director — Date