**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Feb 11, 2013**
**Secretary of State**
**CC6783008910**

DOCUMENT# P08000063351

**Entity Name:** STEPHANIE COBERLY LMHC PA

**Current Principal Place of Business:**

9050 PINES BLVD.
SUITE 415
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

9050 PINES BLVD.
SUITE 415
PEMBROKE PINES, FL 33024

**FEI Number: 26-2942463**

**Certificate of Status Desired:** No

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

COBERLY, STEPHANIE J
9050 PINES BLVD.
SUITE 415
PEMBROKE PINES, FL 33024 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:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | P | Title | VP |
| Name | COBERLY, STEPHANIE J | Name | COBERLY, RICHARD L |
| Address | 9050 PINES BLVD., SUITE 415 | Address | 9050 PINES BLVD.<br>SUITE 415 |
| City-State-Zip: | PEMBROKE PINES FL 33024 | City-State-Zip: | PEMBROKE PINES FL 33024 |

*I hereby 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 all other like empowered.*

SIGNATURE: STEPHANIE J COBERLY P 02/11/2013

Electronic Signature of Signing Officer/Director Detail — Date