2006 FOR PROFIT CORPORATION

FILED Mar 23, 2006 8:00 am

ANNUAL REPURT						Secretary of State			
DOCUMENT # 556961 1. Entity Name SIDNEY J. MERIN PHD, CLINICAL PSYCHOLOGIST-PROFESFESSIONAL ASSOCIATION					. [90002 034 ***150		
Principal Place of Business OLOGIST PROFESSIONAL ASSOCIATION - 3703 SWANN AVENUE TAMPA, FL 33609		Mailing Address OLOGIST-PROFESSIONAL ASSOCIATION 3703 SWANN AVENUE TAMPA, FL 33609		gov-	1416 billo 1840 billo 1	TOTA BURNI BERNI BERNI BURNI BERNI BE	2110 Ek II. 18 Bi		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03132006	Chg-P	CR2E034 (11/05			
City & State		City & State		4. FEI Number 59-1800			pplied For lot Applicable		
Zip			Coun	5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent					
6. Name and Address of Current Registered Agent				Name	7. Name and 7	Address of New	Registered Agent		
MERIN, SI 3703 SWA TAMPA, FI	NN AVENUE		Street Address (ss (P.O. Box Number	is Not Acceptat	ole)		
				City			FL Zip Co	•	
	named entity submits this statement ions of registered agent.	for the purpose of changing	its register	ed office or regi	stered agent, or both	n, in the State of I	Florida. I am familiar with	n, and accept	
SIGNATURE_	Signature, typed or printed name of registered age	nt and title if applicable. (N	OTE: Registere	d Agent signature red	uired when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Cam Trust Fund Co	. •		\$5.00 May Be Added to Fees			,	
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/0	CHANGES TO O	FFICERS AND DIRECTO		
TIPLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERIN, SIDNEY J. 4509 SAN RAFAEL TAMPA, FL 33629	□ Delete .					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MERIN, ARLENE R 4509 SAN RAFAEL TAMPA, FL 33629	☐ Delete				•	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Oelete			•		☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAA STR	E ALE ADDRESS Y-ST-ZIP		,	☐ Changi	e ☐ Addition	

12. I horeby 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: LESLAM A MARKIN

SECRETARY

J 3-20-04

(813) 871-5220

YPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR