


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90088 001 ***150.00

DOCUMENT # 556961 1. Entity Name SIDNEY J. MERIN PHD, CLINICAL PSYCHOLOGIST-PROFESSIONAL ASSOCIATION					
Principal Place of Business 3703 SWANN AVENUE TAMPA, FL 33609			Mailing Address 3703 SWANN AVENUE TAMPA, FL 33609		
2. Principal Place of Business - No P.O. Box # <i>as above</i>		3. Mailing Address <i>as above</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1800698	
Zip		Country <i>U.S.A.</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
MERIN, SIDNEY J. 3703 SWANN AVENUE TAMPA, FL 33609		Name <i>Sidney J. Merin</i> Street Address (P.O. Box Number is Not Acceptable) <i>3703 Swann Ave.</i> City <i>Tampa</i>			
		FL Zip Code 33609			
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 <i>Sidney J. Merin</i>		<i>Sidney J. Merin</i> (NOTE: Registered Agent signature required for reinstating)		DATE <i>4-18-07</i>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERIN, SIDNEY J. 4509 SAN RAFAEL TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President Jeffrey M. Merin 4627 Browning Tampa, FL 33629</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MERIN, ARLENE R 4509 SAN RAFAEL TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Sidney J. Merin</i>		ARLENE MERIN SECRETARY		<i>Arlene R Merin</i> Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				(813) 871-5220 Daytime Phone #	