

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90028 025 ***150.00

DOCUMENT # H18619

1. Entity Name
PSYCHOLOGICAL ASSOCIATES, P.A.



Principal Place of Business
600 E. GOVERNMENT ST.
PENSACOLA, FL 32501

Mailing Address
600 E. GOVERNMENT ST.
PENSACOLA, FL 32501

94059631



01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2455781

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIFFING, CATHY J
600 EAST GOVERNMENT STREET
PENSACOLA, FL 32501-3136

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	
NAME	LARSON, JAMES D.	Secretary
STREET ADDRESS	7631 BROOK FOREST WAY	
CITY-ST-ZIP	PENSACOLA, FL	
TITLE	SD	
NAME	SPENCER, THOMAS R PHD	VicePresident
STREET ADDRESS	1315 E LAKEVIEW AVE	
CITY-ST-ZIP	PENSACOLA, FL	
TITLE	D	
NAME	DOENLEN, HENRY A M.D.	President
STREET ADDRESS	600 E. GOVERNMENT ST	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James D. Larson

4-19-04

Date

850-434-5033

Daytime Phone #