

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90039 003 \*\*\*150.00

**DOCUMENT # H18619**

1. Entity Name  
PSYCHOLOGICAL ASSOCIATES, P.A.



Principal Place of Business  
600 E. GOVERNMENT ST.  
PENSACOLA, FL 32502

Mailing Address  
600 E. GOVERNMENT ST.  
PENSACOLA, FL 32502

40033443



**DO NOT WRITE IN THIS SPACE**

01212008 No Chg-P CR2E034 (11/05)

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

*Cathy Griffing*

(NOTE: Registered Agent signature required when reinstating)

DATE

X 2-25-08

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
LARSON, JAMES D.  
7631 BROOK FOREST WAY  
PENSACOLA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
SPENCER, THOMAS R PHD  
4525 LAVALETTE LANE  
PENSACOLA, FL 32504

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
DOENLEN, HENRY A M.D.  
600 E. GOVERNMENT ST  
PENSACOLA, FL 32501

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 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:** X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 2/27/08