

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H18619

FILED
Mar 05, 2009
Secretary of State

Entity Name: PSYCHOLOGICAL ASSOCIATES, P.A.

Current Principal Place of Business:

600 E. GOVERNMENT ST.
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

600 E. GOVERNMENT ST.
PENSACOLA, FL 32502

New Mailing Address:

FEI Number: 59-2455781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFING, CATHY J
600 EAST GOVERNMENT STREET
PENSACOLA, FL 325013136 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: LARSON, JAMES D.,
Address: 7631 BROOK FOREST WAY
City-St-Zip: PENSACOLA, FL

Title: V () Delete
Name: SPENCER, THOMAS R PHD
Address: 4525 LAVALETTE LANE
City-St-Zip: PENSACOLA, FL 32504

Title: P () Delete
Name: DOENLEN, HENRY A M.D.
Address: 600 E. GOVERNMENT ST
City-St-Zip: PENSACOLA, FL 32501

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: LARSON, JAMES D.,
Address: 7631 BROOK FOREST WAY
City-St-Zip: PENSACOLA, FL 32514

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: DOENLEN, HENRY A M.D.
Address: 600 E. GOVERNMENT ST
City-St-Zip: PENSACOLA, FL 32502

Title: OFF () Change (X) Addition
Name: BAILEY, ELAINE PHD
Address: 600 EAST GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32502

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CATHY GRIFFING

MGR

03/05/2009

Electronic Signature of Signing Officer or Director

_____ Date