

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M77322

FILED  
Feb 12, 2010  
Secretary of State

**Entity Name:** T. MICHAEL INGRAM, PSY.D., P.A.

**Current Principal Place of Business:**

2204 S. PARSONS AVENUE  
SEFFNER, FL 33584

**New Principal Place of Business:**

2204 S. PARSONS AVENUE  
SEFFNER, FL 33584 US

**Current Mailing Address:**

P.O. BOX 1007  
BRANDON, FL 335091007 US

**New Mailing Address:**

**FEI Number:** 59-2890069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INGRAM, T. MICHAEL  
2204 S. PARSONS AVENUE  
SEFFNER, FL 33584 US

**Name and Address of New Registered Agent:**

INGRAM, T. MICHAEL  
2204 S. PARSONS AVENUE  
SEFFNER, FL 33584 US

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:** T.MICHAEL INGRAM, PSY.D.

02/12/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** INGRAM, T. MICHAEL  
**Address:** 2204 S. PARSONS AVENUE  
**City-St-Zip:** SEFFNER, FL 33584 US

I hereby 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 all other like empowered.

**SIGNATURE:** T.MICHAEL INGRAM, PSY.D.

P

02/12/2010

Electronic Signature of Signing Officer or Director

Date