2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000007411

Entity Name: LORI B. GLEICHER, PSY.D., P.A.

FILED Apr 11, 2008 Secretary of State

| Current Principa | al Place of Business: | New Principal F | New Principal Place of Business: | |
|---|---|--|--|--|
| 6635 NW 48 MAI CORAL SPRING | | | | |
| Current Mailing Address: | | New Mailing Ac | New Mailing Address: | |
| 6635 NW 48 MAI CORAL SPRING | | | | |
| FEI Number: 65-097 | 6233 FEI Number Applied I | For () FEI Number Not Applicable | () Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | |
| GLEICHER, LOR 6635 NW 48TH N CORAL SPRING | MANOR | | | |
| The above name in the State of Flo | | nt for the purpose of changing its reg | istered office or registered agent, or both, | |
| SIGNATURE: | | | | |
| _ | Electronic Signature of Regis | stered Agent | Date | |
| Election Campaign | Financing Trust Fund Contribution | on (). | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CH | ANGES TO OFFICERS AND DIRECTORS: | |
| | ()Delete CHER, LORI B DR. NW 48TH MANOR | Title: Name: Address: | () Change () Addition | |

City-St-Zip:

City-St-Zip: CORAL SPRINGS, FL 33067 US

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: DR. LORI B. GLEICHER P 04/11/2008