## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000013845

Entity Name: ALIZA ROSEN PSY.D., P.A.

FILED Apr 14, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5130 SOMERVILLE DR 1370 BEDFORD DR VIERA, FL 32955

SUITE 106

MELBOURNE, FL 32940

**Current Mailing Address: New Mailing Address:** 

5130 SOMERVILLE DR 4607 MERLOT DR VIERA, FL 32955 VIERA, FL 32955 US

FEI Number: 65-0979906 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ROSEN, ALIZA ROSEN, ALIZA 4607 MÉRLOT DR 5130 SÓMERVILLE DR VIERA, FL 32955 VIERA, FL 32955 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: 04/14/2007

> Date Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

ROSEN, ALIZA Name: Name: ROSEN, ALIZA 5130 SOMERVILLE DR Address: 4607 MERLOT DR Address: City-St-Zip: VIERA, FL 32955 City-St-Zip: VIERA, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: ALIZA ROSEN 04/14/2007 DR