

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000013845

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

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1370 BEDFORD DR  
SUITE 106  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

4607 MERLOT DR  
VIERA, FL 32955 US

**New Mailing Address:**

FEI Number: 65-0979906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROSEN, ALIZA  
4607 MERLOT DR  
VIERA, FL 32955 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

**OFFICERS AND DIRECTORS:**

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

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: ALIZA ROSEN

DR

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date