

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000052317

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** SALLY A. COCHRAN, LMHC, PA

**Current Principal Place of Business:**

1210 MILLENNIUM PKWY  
STE 1034  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

16814 HAWKRIDGE RD  
LITHIA, FL 33547

**New Mailing Address:**

**FEI Number:** 59-3648876

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COCHRAN, SALLY A  
16814 HAWKRIDGE RD  
LITHIA, FL 33547 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:** SALLY A. COCHRAN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** COCHRAN, SALLY A LMHC  
**Address:** 16814 HAWKRIDGE RD  
**City-St-Zip:** LITHIA, FL 33547

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:** SALLY A. COCHRAN, LMHC, PA

PRES

04/11/2012

Electronic Signature of Signing Officer or Director

Date