

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000053648 1. Entity Name DENISE E. CRAMMER, PSY.D., P.A.					
Principal Place of Business 3801 N. UNIVERSITY DRIVE #311 SUNRISE, FL 33351 US			Mailing Address 3801 N. UNIVERSITY DRIVE #311 SUNRISE, FL 33351 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1013148	
5. Certificate of Status Desired ☐				Applied For No Applicable	
5. Name and Address of Current Registered Agent CRAMMER, EDWIN L 7481 W. OAKLAND PARK BLVD. SUITE 102 LAUDERHILL, FL 33319				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when registering) Signature typed or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2005		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DR CRAMMER, DENISE DR. 3801 N. UNIVERSITY DRIVE, #311 SUNRISE, FL 33351	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition U000000321215 04/21/05-80070-018 150.00	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Denise E. Cramer</i> CPA			04/19/05 954-242-8700		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		