

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000067224

FILED
Apr 30, 2009
Secretary of State

Entity Name: DONNA F. DAVIES, PSY.D., P.A.

Current Principal Place of Business:

2650 W STATE ROAD 84
SUITE 103
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

9120 GRIFFIN ROAD
COOPER CITY, FL 33338

Current Mailing Address:

2650 W STATE ROAD 84
SUITE 103
FORT LAUDERDALE, FL 33312

New Mailing Address:

9120 GRIFFIN ROAD
COOPER CITY, FL 33328

FEI Number: 65-1034387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIES, DONNA F
2650 W STATE ROAD 84
SUITE 103
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

DAVIES, DONNA F
9120 GRIFFIN ROAD
COOPER CITY, FL 33328 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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PO () Delete
Name: DAVIES, DONNA F
Address: 2650 W STATE ROAD 84, STE 103
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: ACCT () Delete
Name: MOORE, HUGH
Address: 320 S FLAMINGO, STE 310
City-St-Zip: PEMBROKE PINES, FL 33027

Title: S () Delete
Name: WALKER, MABEL
Address: 1251 SW 6TH TERRACE
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: C () Delete
Name: PIERSON, RICKY
Address: 3855 COMMERCE PARKWAY
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PO (X) Change () Addition
Name: DAVIES, DONNA F
Address: 9120 GRIFFIN
City-St-Zip: COOPER CITY, FL 33328

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONNA F. DAVIES, PSY.D., PA

PO

04/30/2009

Electronic Signature of Signing Officer or Director

Date