

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000067224

FILED  
Apr 15, 2011  
Secretary of State

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

**Current Principal Place of Business:**

9112 GRIFFIN ROAD  
SUITE D  
COOPER CITY, FL 33338

**New Principal Place of Business:**

**Current Mailing Address:**

9112 GRIFFIN ROAD  
SUITE D  
COOPER CITY, FL 33328

**New Mailing Address:**

9112 GRIFFIN ROAD  
SUITE D  
COOPER CITY, FL 33338

**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  
9112 GRIFFIN ROAD  
SUITE D  
COOPER CITY, FL 33328 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:** PO  
**Name:** DAVIES, DONNA F  
**Address:** 9112 GRIFFIN, SUITE D  
**City-St-Zip:** COOPER CITY, FL 33328

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

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

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

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

PO

04/15/2011

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

\_\_\_\_\_  
Date