


2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000018556 1. Entity Name SUE WHITE, LCSW, CAP, P.A.	
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FILED
 09 JAN -6 PM 5: 10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 1450 MADRUGA AVENUE SUITE 304 CORAL GABLES, FL 33146	Mailing Address 3400 N.E. 192ND STREET PH-6 AVENTURA, FL 33180
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DO NOT WRITE IN THIS SPACE

01012009	No Chg-P	CR2E034 (11/08)
4. FEI Number 65-1113716		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHITE, SUE 1450 MADRUGA AVENUE SUITE 304 CORAL GABLES, FL 33146
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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 reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2009 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, SUE 3400 N.E. 192ND STREET AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 24px; text-align: center;">AS 1/14</div>
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 01/06/09--01014--004 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  **Sue White**
 President
 1/3/09
 Phone 305 663 9080