2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000027910

Entity Name: URSULA BURLISON PSYCHOTHERAPY, P.A.

Current Principal Place of Business:	**New Principal Place of Business:**
7154 N UNIVERSITY DR., #220 TAMARAC, FL 33321	3107 STIRLING ROAD 103 HOLLYWOOD, FL 33312

Current Mailing Address:	**New Mailing Address:**
7154 N UNIVERSITY DR., #220 TAMARAC, FL 33321	3107 STIRLING ROAD 103 HOLLYWOOD, FL 33312

FEI Number: 65-1091723   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
BURLISON, URSULA 7154 N UNIVERSITY DR., #220 TAMARAC, FL 33321 US	BURLISON, URSULA 3107 STIRLING ROAD 103 HOLLYWOOD, FL 33312 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: URSULA BURLISON   03/11/2009

_____Electronic Signature of Registered Agent_____   _____Date_____

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D ( ) Delete
Name:	BURLISON, URSULA
Address:	7154 N UNIVERSITY DR., #220
City-St-Zip:	TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D (X) Change ( ) Addition
Name:	BURLISON, URSULA
Address:	3107 STIRLING ROAD, SUITE 103
City-St-Zip:	HOLLYWOOD, FL 33312

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: URSULA BURLISON   D   03/11/2009

_____Electronic Signature of Signing Officer or Director_____   _____Date_____