


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90159 011 \*\*\*150.00

<b>DOCUMENT # P01000086703</b> 1. Entity Name <b>SUE LEVY, PSY.D., P.A.</b>																											
Principal Place of Business <b>1725 UNIVERSITY DR, SUITE #350 CORAL SPRINGS, FL 33071</b>		Mailing Address <b>1725 UNIVERSITY DR, SUITE #350 CORAL SPRINGS, FL 33071</b>																									
2. Principal Place of Business - No P.O. Box # <b>9750 NW 33rd St</b>		3. Mailing Address <b>9750 NW 33rd St</b>																									
Suite, Apt. #, etc. <b>Suite 107</b>		Suite, Apt. #, etc. <b>Suite 107</b>																									
City & State <b>Coral Springs, FL</b>		City & State <b>Coral Springs, FL</b>																									
Zip <b>33065</b>		Zip <b>33065</b>																									
Country <b>USA</b>		Country <b>USA</b>																									
4. FEI Number <b>65-1136661</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>LEVY, SUE 1725 UNIVERSITY DRIVER 350 CORAL SPRINGS, FL 33071</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>9750 NW 33rd Street</b> <b>Suite 107</b> City <b>Coral Springs, FL</b> <b>FL</b> Zip Code <b>33065</b>																									
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: <u><i>Sue Levy Psy D, LLC</i></u> DATE: <u><i>4/29/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LEVY, SUE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1725 UNIVERSITY DR, SUITE #350</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL SPRINGS, FL 33071</td> <td></td> </tr> </table>		TITLE	PSTD	<input type="checkbox"/> Delete	NAME	LEVY, SUE		STREET ADDRESS	1725 UNIVERSITY DR, SUITE #350		CITY-ST-ZIP	CORAL SPRINGS, FL 33071		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">9750 NW 33rd St</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Coral Springs, FL 33065</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	9750 NW 33rd St	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Coral Springs, FL 33065		STREET ADDRESS			CITY-ST-ZIP		
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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: <u><i>Sue Levy Psy D</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>President</i></u> <u><i>4/29/08</i></u> <u><i>954-753-2802</i></u> <small>Date Daytime Phone #</small>																									