## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000108289

Entity Name: DR. CARMINE PECORARO, PSY.D & ASSOCIATES, P.A.

FILED Apr 19, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1212 E BROWARD BLVD #204 FT LAUDERDALE, FL 33301

Current Mailing Address: New Mailing Address:

1212 E BROWARD BLVD #204 FT LAUDERDALE, FL 33301

FEI Number: 65-1154871 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:

CRAMMER, EDWIN L 7481 W OAKLAND PARK BLVD #102 LAUDERHILL, FL 33319 US CRAMMER, EDWIN L 3801 N. UNIVERSITY DR. SUITE 311 SUNRISE, FL 33351 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: EDWIN L. CRAMMER, CPA 04/19/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS () Delete Title: () Change () Addition Name: PECORARO, CARMINE DR Name:

 Name:
 PECORARO, CARMINE DR
 Name:

 Address:
 1212 E BROWARD BLVD #204
 Address:

 City-St-Zip:
 FT LAUDERDALE, FL 33301
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DR. CARMINE PECORARO DPS 04/19/2005