2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000108289

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

FILED Apr 24, 2011 Secretary of State

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

915 MIDDLE RIVER DRIVE 1881 NE 26TH STREET SUITE 317 SUITE 70

FT LAUDERDALE, FL 33304 WILTON MANORS, FL 33305

Current Mailing Address: New Mailing Address:

915 MIDDLE RIVER DRIVE 1881 NE 26TH STREET

SUITE 317 SUITE 70

FT LAUDERDALE, FL 33304 WILTON MANORS, FL 33305

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 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES

Name: PECORARO, CARMINE DR
Address: 1881 NE 26TH STREET SUITE 70
City-St-Zip: WILTON MANORS, FL 33305

Title: VP

Name: PECORARO, JUDITH

Address: 1881 NE 26TH STREET SUITE 70 City-St-Zip: WILTON MANORS, FL 33305

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: CARMINE PECORARO PRE 04/24/2011