

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000008936

FILED  
Apr 10, 2006  
Secretary of State

Entity Name: SAMANTHA CARELLA, PSY.D. & ASSOCIATES, P.A.

## Current Principal Place of Business:

1390 S DIXIE HWY SUITE 1305  
CORAL GABLES, FL 33146

## New Principal Place of Business:

19022 NE 29 AVENUE  
AVENTURA, FL 33180

## Current Mailing Address:

1390 S DIXIE HWY SUITE 1305  
CORAL GABLES, FL 33146

## New Mailing Address:

19022 NE 29 AVENUE  
AVENUE, FL 33180

FEI Number: 03-0383490

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CARELLA, SAMANTHA  
1390 S DIXIE HWY SUITE 1305  
CORAL GABLES, FL 33146 US

## Name and Address of New Registered Agent:

CARELLA, SAMANTHA  
19022 NE 29 AVENUE  
AVENUE, FL 33180 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: SAMANTHA CARELLA

04/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DR ( ) Delete  
Name: CARELLA, SAMANTHA  
Address: 1390 S DIXIE HWY SUITE 1305  
City-St-Zip: CORAL GABLES, FL 33146

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: CARELLA, SAMANTHA  
Address: 19022 NE 29 AVENUE  
City-St-Zip: AVENUE, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the 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: SAMANTHA CARELLA

DR.

04/10/2006

Electronic Signature of Signing Officer or Director

Date