

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000026268

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** MICHAEL J. ZALEWA, LMHC, MAC, P.A.

**Current Principal Place of Business:**

2303 SAWGRASS VILLAGE DR.  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

2303 SAWGRASS VILLAGE DR.  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

FEI Number: 03-0413395

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZALEWA, MICHAEL J  
14604 CRYSTAL VIEW LANE  
JACKSONVILLE BEACH, FL 32250 US

**Name and Address of New Registered Agent:**

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: PD  
Name: ZALEWA, MICHAEL J  
Address: 2303 SAWGRASS VILLAGE DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP  
Name: ZALEWA, DEBORAH S  
Address: 14604 CRYSTAL VIEW LANE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: MICHAEL J. ZALEWA

PD

01/06/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date