

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
3 Apr 20, 2005 8:00 am
Secretary of State

03-31-2005 90034 022 ***150.00

DOCUMENT # P02000027503

1. Entity Name
MARCY GIROLAMINI-SMITH, PSY.D., P.A.



Principal Place of Business
**9637 SUGAR PINES CT.
DAVIE, FL 33328**

Mailing Address
**9637 SUGAR PINES CT.
DAVIE, FL 33328**

66011565



DO NOT WRITE IN THIS SPACE

02112005 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0417804 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GIROLAMINI-SMITH, MARCELLE
9637 SUGAR PINES CT.
DAVIE, FL 33328**

**DO NOT WRITE
IN THIS SPACE**

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 *Marcelle Girolamini-Smith*

4/14/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **GIROLAMINI-SMITH, MARCELLE**
STREET ADDRESS **9637 SUGAR PINES CT.**
CITY-ST-ZIP **DAVIE, FL 33328**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Marcelle Girolamini-Smith*

4/14/05 (951) 258 0792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2005