2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000052361

City-St-Zip: FORT LAUDERDALE, FL 33304

Entity Name: BILL BRACKER, PSY.D., P.A.

FILED Apr 15, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|--|---|---|---|--|--|
| 915 MIDDLE RIVER DRIVE SUITE 307 FT LAUDERDALE, FL 33304 | | | | | |
| | | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| PO BOX FT LAUD | 7342 ERDALE, FL 3 | 33338 | | | |
| FEI Numbe | er: 45-0475488 | 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: | | |
| 915 MIDE STE 307 | R, WILLIAM JF DLE RIVER DR JUDERDALE, F | | | | |
| | · | | | | |
| | e named entity te of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATL | JRE: | | | | |
| | Electro | nic Signature of Registered Age | ent | Date | |
| Election Ca | ampaign Financir | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: | BRACKER, W |) Delete LLIAM JR. RIVER DR STE 307 | Title: Name: Address: | () Change () Addition | |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM BRACKER DR. 04/15/2009