


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90060 008 ***150.00

DOCUMENT # P02000071622	
1. Entity Name DIANE A. MCKAY, PSY.D., P.A.	

Principal Place of Business 1845 MORRILL STREET SARASOTA, FL 34236	Mailing Address P.O. BOX 903 TALLEVAST, FL 34270-0903
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40068553

2. Principal Place of Business - No P.O. Box # 1990 MAIN STREET Suite, Apt. #, etc. SUITE 750 City & State SARASOTA FL Zip 34236	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA
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04042008 Chg-P CR2E034 (12/06)

4. FEI Number 03-0464780	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCKAY, DIANE A PSY.D. 1845 MORRILL STREET SARASOTA, FL 34236	7. Name and Address of New Registered Agent Name MCKAY, DIANE A PSY.D. Street Address (P.O. Box Number is Not Acceptable) 1990 MAIN STREET SUITE 750 City SARASOTA FL Zip Code 34236
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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: Diane A McKay Psy D DATE: 4/9/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKAY PSY.D., DIANE A 1845 MORRILL STREET SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKAY PSY.D., DIANE A 1990 MAIN STREET SUITE 750 SARASOTA, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Diane A McKay Psy D Date: 4/9/08 (941) 365-7240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR