2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State
04-23-2008 90019 032 ***150.00

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1. Entity Name
LEVERMORE PSYCHOLOGICAL SERVICES, P.A.

Principal Place of Business	Mailing Address
5634 CYPRESS CREEK DR GRANT, FL 32949	PO BOX 61933 PALM BAY, FL 32906

02062008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
15715 S. Dixie Hwy	15715 S. Dixie Hwy
Suite, Apt. #, etc.: Suite 334	Suite, Apt. #, etc.: Suite 334
City & State: Palmetto Bay, fl	City & State: Palmetto Bay, FL
Zip: 33157 Country: U.S.A.	Zip: 33157 Country: U.S.A.

4. FEI Number: 51-0418205 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEVERMORE, MONIQUE A PH.D 5634 CYPRESS CREEK DRIVE GRANT, FL 32949	Name: Levermore, Monique A. Ph.D. Street Address (P.O. Box Number is Not Acceptable): 15715 S. Dixie Hwy Suite 334 City: Palmetto Bay FL Zip Code: 33157

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: M.A Levermore, PhD , President 4/18/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,D LEVERMORE, MONIQUE A PH.D 5634 CYPRESS CREEK DRIVE GRANT, FL 32949	☐ Delete	P, D Levermore, Monique A. PhD 15715 S. Dixie Hwy. Suite 334 Palmetto Bay, fl 33157	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BARTOLONE, MARK A 5634 CYPRESS CREEK DRIVE GRANT, FL 32949	☐ Delete	VPD Bartolone, Mark A. 15715 S. Dixie Hwy, Suite 334 Palmetto, Bay, fl 33157	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LEVERMORE, OSWALD M 14865 SW 166TH ST KENDALL, FL 33187	☐ Delete	VPD Levermore, Oswald 15715 S. Dixie Hwy, Suite 334 Palmetto Bay, fl 33157	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPCD LEVERMORE, JACQUELINE 4242 BUENVISTE ST #3 DALLAS, TX 75205	☐ Delete	VPCD Levermore, Jacqueline 15715 S. Dixie Hwy, Suite 334 Palmetto Bay, Florida 33157	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEVERMORE, CLAUDETTE M 14865 SW 166TH ST KENDALL, FL 33187	☐ Delete	TD Levermore, Claudette 15715 S. Dixie Hwy, Suite 334 Palmetto Bay, fl 33157	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: M.A Levermore, PhD 4/18/08 (305) 763-9095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #