

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000083521

FILED
Jan 29, 2012
Secretary of State

Entity Name: LEVERMORE PSYCHOLOGICAL SERVICES, P.A.

Current Principal Place of Business:

15715 S. DIXIE HWY
SUITE 404
MIAMI, FL 33157

New Principal Place of Business:

15715 S. DIXIE HWY
SUITE 207
PALMETTO BAY, FL 33157

Current Mailing Address:

15715 S. DIXIE HWY
SUITE 404
MIAMI, FL 33157

New Mailing Address:

15715 S. DIXIE HWY
SUITE 207
PALMETTO BAY, FL 33157

FEI Number: 51-0418205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVERMORE, MONIQUE A PH.D
15715 S. DIXIE HWY
SUITE 404
PALMETTO BAY, FL 33157 US

Name and Address of New Registered Agent:

LEVERMORE, MONIQUE A PH.D
15715 S. DIXIE HWY
SUITE 207
PALMETTO BAY, FL 33157 US

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:

01/29/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P,D
Name: LEVERMORE, MONIQUE A PH.D
Address: 15715 S. DIXIE HWY, SUITE 207
City-St-Zip: PALMETTO BAY, FL 33157

Title: VPD
Name: BARTOLONE, MARK A
Address: 15715 S. DIXIE HWY, SUITE 207
City-St-Zip: PALMETTO BAY, FL 33157

Title: VPD
Name: LEVERMORE, OSWALD B
Address: 15715 S. DIXIE HWY, SUITE 207
City-St-Zip: PALMETTO BAY, FL 33157

Title: TD
Name: LEVERMORE, CLAUDETTE
Address: 15715 S. DIXIE HWY, SUITE 207
City-St-Zip: PALMETTO BAY, FL 33157

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: MONIQUE LEVERMORE, PH.D.

P,D

01/29/2012

Electronic Signature of Signing Officer or Director

Date