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Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90428 042 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000092442

1. Entity Name
JOANN RAMAGLIA L.C.S.W., INC.

Principal Place of Business
7491 NW 4TH STREET
PLANTATION, FL 33317

Mailing Address
7491 NW 4TH STREET
PLANTATION, FL 33317

02152006 Chg-P CR2E034 (11/05)

2. Principal Place of Business: 7540 NW 5th ST
Suite, Apt. #, etc.: #3
City & State: Plantation
Zip: 33317 Country: Broward

3. Mailing Address: SAME
Suite, Apt. #, etc.
City & State: FL 33317
Zip: Same Country

4. FEI Number: 22-3870837 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
RAMAGLIA, JOANN
11040 TARPON BAY CT.
TAMARAC, FL 33321

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: JoAnn Ramaglia LCSW
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, 2006 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	DP RAMAGLIA, JOANN 11040 TARPON BAY CT. TAMARAC, FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Jo Ann Ramaglia P Jo-Ann Ramaglia LCSW 954 803-9944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #