

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000093669

FILED
May 30, 2005
Secretary of State

Entity Name: KATHRYN ROSS, PSY.D., P.A.

Current Principal Place of Business:

8030 PETERS ROAD
#D-106
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

2131 SW 93RD WAY
#603
DAVIE, FL 33324 US

New Mailing Address:

FEI Number: 35-2180396 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, KATHRYN
2131 SW 93RD WAY
#603
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ROSS, KATHRYN
Address: 2131 SW 93RD WAY, #603
City-St-Zip: DAVIE, FL 33324 US

Title: VP () Delete
Name: SCULLY, MALVERN D
Address: 2131 SW 93RD WAY, #603
City-St-Zip: DAVIE, FL 33324 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KATHRYN ROSS

PRES

05/30/2005

Electronic Signature of Signing Officer or Director

Date