

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000113735

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** SRM CLINICAL PSYCHOLOGY, P.A.

**Current Principal Place of Business:**

3215 NE 184TH ST #14203  
AVENTURA, FL 33160

**New Principal Place of Business:**

3215 NE 184TH ST  
# 14203  
AVENTURA, FL 33160

**Current Mailing Address:**

3215 NE 184TH ST #14203  
AVENTURA, FL 33160

**New Mailing Address:**

3215 NE 184TH ST  
# 14203  
AVENTURA, FL 33160

**FEI Number:** 30-0124552

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAPOVALO & BORETH, P.A.  
16300 NE 19TH AVE, STE 250  
NORTH MIAMI BEACH, FL 33162 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MALAGOLD, SARA  
Address: 3215 NE 184TH ST #14203  
City-St-Zip: AVENTURA, FL 33160

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: SARA MALAGOLD

D

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date