## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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## **DOCUMENT # P02000126251**

1. Entity Name

STEPHEN E. NASSAR, PSY.D., LCSW, P.A.



FILED Apr 23, 2007 08:00 AM Secretary of State

Principal Place of Business

3684 N WICKHAM RD, STE B MELBOURNE, FL 32935 Mailing Address

3684 N WICKHAM RD, STE B MELBOURNE, FL 32935



04162007

No Chg-P

CR2E034 (11/05)

4. FEI Number 13-422541 Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NASSAR, STEPHEN E 3684 N WICKHAM RD STE B MELBOURNE, FL 32935

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					,		
	named entity submits this statement for the pions of registered agent.	urpose of changing its regist	ered office or reg	jistered agent, or both	, in the State of Florid	la. I am familiar with, and acce	pt
SIGNATURE_	Signature, typed or printed name of registered agent and little if	applicable. (NOTE: Regist	iered Agent signature re	equired when reinstating)	<del></del>	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fin     Trust Fund Contributio		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NASSAR, STEPHEN E 3684 N WICKHAM RD, STE B MELBOURNE, FL 32935						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,		05/02/07	0723506 -80076-001 158.7	5
TITLE			1				

NOT WRITE

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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:

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY - ST- ZIP

MONATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/17/07 321-751-3630