

2004 FOR PROIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90137 001 ***300.00

DOCUMENT # P03000007901 1. Entity Name TONI ADLER SHELOW, ED.S., PSY.D., P.A.			
Principal Place of Business 450 N. PARK RD., STE. 711 HOLLYWOOD, FL 33021		Mailing Address 450 N. PARK RD., STE. 711 HOLLYWOOD, FL 33021	
2. Principal Place of Business 10371 W Sample Rd		3. Mailing Address PO Box 771893	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL	
Zip 33065		Zip 33077	
Country US		Country US	
4. FEI Number 14-1871713		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADLER, MITCHELL D 2021 TYLER ST. HOLLYWOOD, FL 33020		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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> <div> \$5.00 May Be Added to Fees </div> </div>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE D	NAME SHELOW, TONI A	TITLE P.D.	NAME Shelow, Toni A.
STREET ADDRESS 450 N. PARK RD., STE. 711	CITY-ST-ZIP HOLLYWOOD, FL 33021	STREET ADDRESS 10371 W. Sample Rd.	CITY-ST-ZIP coral Springs, FL 33065
TITLE 	NAME 	TITLE VP	NAME Patrick J. Shelow
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS PO BOX 771893	CITY-ST-ZIP CORAL SPRINGS, FL 33077
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Toni Adler Shelow, Psy.D.</u> 7/25/04 954 796 1906			