

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000031961

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

**Entity Name:** LISA CICETTI, PSY. D, LMHC, INC.

**Current Principal Place of Business:**

8198 JOG ROAD, SUITE 201  
LAKE WORTH, FL 33472

**New Principal Place of Business:**

8198 JOG ROAD, SUITE 201  
BOYNTON BEACH, FL 33472

**Current Mailing Address:**

8198 JOG ROAD, SUITE 201  
LAKE WORTH, FL 33472

**New Mailing Address:**

8198 JOG ROAD, SUITE 201  
BOYNTON BEACH, FL 33472

**FEI Number:** 16-1658347

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CICETTI, LISA PHSY.D  
8198 JOG ROAD, SUITE 201  
LAKE WORTH, FL 33472 US

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

CICETTI, LISA PSY.D.  
8198 JOG ROAD, SUITE 201  
BOYNTON BEACH, FL 33472 US

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: LISA CICETTI, PSY.D.

04/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: CICETTI, LISA  
Address: 5421 OAKMONT VILLAGE CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463 US

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: LISA CICETTI, PSY.D.

PRES

04/25/2011

Electronic Signature of Signing Officer or Director

Date