

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000072537

FILED  
May 10, 2004  
Secretary of State

Entity Name: MARY ALICE GREEN, LMHC, PA

**Current Principal Place of Business:**

1299 BEDFORD DRIVE  
SUITE A  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

1299 BEDFORD DRIVE  
SUITE A  
MELBOURNE, FL 32940

**New Mailing Address:**

FEI Number: 20-0063263      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GREEN, MARY ALICE  
1299 BEDFORD DRIVE  
SUITE A  
MELBOURNE, FL 32940 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: P ( ) Delete  
Name: GREEN, MARY ALICE  
Address: 1299 BEDFORD DRIVE, SUITE A  
City-St-Zip: MELBOURNE, FL 32940

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MARY ALICE GREEN

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05/10/2004

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

\_\_\_\_\_ Date