

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000084599

FILED  
Mar 24, 2008  
Secretary of State

Entity Name: SHERYL A. FERGUSON, PSY.D., P.A.

## Current Principal Place of Business:

300 S PINE ISLAND RD  
215  
PLANTATION, FL 33324

## New Principal Place of Business:

## Current Mailing Address:

300 S. PINE ISLAND ROAD  
215  
PLANTATION, FL 33324

## New Mailing Address:

300 S PINE ISLAND RD  
215  
PLANTATION, FL 33324

FEI Number: 02-0703914

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FERGUSON, SHERYL  
300 S. PINE ISLAND ROAD  
STE. 215  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FERGUSON, SHERYL  
Address: 300 S. PINE ISLAND RD STE 215  
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete  
Name: FERGUSON, CARLTON  
Address: 7501 NW 4TH STREET, STE 207  
City-St-Zip: PLANTATION, FL 33317

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: FERGUSON, CARLTON  
Address: 300 S. PINE ISLAND ROAD, SUITE 215  
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SHERYL A. FERGUSON, PSY.D.

PD

03/24/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date