


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 08, 2005 8:00 am
Secretary of State

06-21-2005 90001 044 ***150.00

DOCUMENT # <u>03000086540</u>	
1. Entity Name <u>DR. ANTHONY FALLON P.A.</u>	

DO NOT WRITE IN THIS SPACE

Please Note my home Address

66024350

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1040 WESTON RD,</u> Suite, Apt. #, etc. <u>SUITE 210</u> City & State <u>WESTON FLORIDA</u> Zip <u>33326</u> Country <u>BROWARD</u>	3. Mailing Address <u>826 NW 132 AVE</u> Suite, Apt. #, etc. <u>SUNRISE, FL</u> City & State <u>33325 BROWARD</u> Zip <u>33325</u> Country <u>BROWARD</u>
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4. FEL Number <u>55-0843007</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>DR. ANTHONY FALLON, PA</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>1040 WESTON RD, SUITE 210</u>	
	City <u>WESTON</u> <u>FL</u> Zip Code <u>33326</u>	

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 DR. Anthony Fallon PA DATE 6/13/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>DR. Anthony Fallon, PA</u> <u>1040 Weston Rd, Suite 210</u> <u>Weston, FL 33326</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: DR. Anthony Fallon, PA DATE 6/13/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

ATTACHMENT 66624350 Child & Family Psychologists

Mitchell E. Spero, Psy.D. / Director

Licensed Psychologist / FL# PY004098
Certified & Court Appointed Family Mediator:
Supreme Court of Florida

350 N.W. 70th Avenue, Suite A
Plantation, FL 33317-2349
phone (954) 587-7520
fax (954) 587-7527

1040 Weston Road, Suite 210
Weston, FL 33326-1912
phone (954) 349-2777
fax (954) 349-3440

Specializing in the Treatment of
Emotional and Behavioral Problems
of Children and Adolescents /
Psychotherapy & Psychological Evaluations
of Children, Adolescents & Adults

- Divorce & Stepfamily Adjustment
- Custody Evaluations / Expert Testimony
- Single Parenting Issues
- Marriage and Family Therapy
- Drug & Alcohol Abuse Counseling
- Child & Adolescent Oppositional Behaviors
(School and Home)
- Attention-Deficit / Hyperactivity Disorder
Evaluation & Treatment
- Treatment of Depression
and Anxiety
- Free Initial Telephone Consultation

Helping Children & Families
Since 1983 in Broward County
Problem solving for all ages ...

Date : July 1, 2005

To : Glenda E. Hood
Secretary of State

Re. : Late Fee
Ref. # P03000086540

I have received a letter demanding a \$400 late fee. I have never received a notice from the Florida Department of State nor an invoice for the annual fee of \$150. Therefore, I have no way of knowing when this fee is due. My wife did make an inquiry as to this fee, was told by a lady at your office to fill out a late fee form, send \$150 and that this would be sufficient. This form was referred, I filled it out and mailed it back to your office immediately together with the fee of \$150. Later getting your letter demanding \$400 late fee is confusing and troublesome to me at this point. I am asking your office to remit this late fee.

To avoid any of these misunderstandings in the future, please mail this annual notice or invoice to my home address at :

826 N.W. 132 Avenue
Sunrise, FL 33325

I am in an office where there 32 other professionals and many letters and cards are either lost or never referred to me at my office address. Please inform me as soon as possible as to your decision regarding this matter.

Sincerely,

Anthony Fallon

Dr. Anthony Fallon P.A.

