
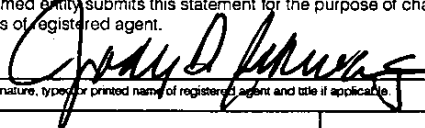
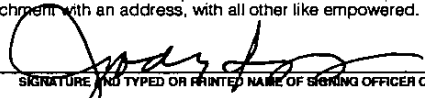


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90065 030 ***150.00

DOCUMENT # P04000054149 1. Entity Name JODY D SCHWARTZ LMHC PA																													
Principal Place of Business 8775 TWIN LAKE DRIVE BOCA RATON, FL 33496			Mailing Address 8775 TWIN LAKE DRIVE BOCA RATON, FL 33496																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number 57-1202791																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SCHWARTZ, JODY D 8775 TWIN LAKE DRIVE BOCA RATON, FL 33496			7. Name and Address of New Registered Agent Name SCHWARTZ, JODY D Street Address (P.O. Box Number is Not Acceptable) 101 PLAZA REAL SOUTH, APT 830 City BOCA RATON FL 33432																										
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:  DATE: 1/25/06 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>SCHWARTZ, JODY D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8775 TWIN LAKE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 33496</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME	SCHWARTZ, JODY D		STREET ADDRESS	8775 TWIN LAKE DRIVE		CITY-ST-ZIP	BOCA RATON, FL 33496		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>SCHWARTZ, JODY D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>101 PLAZA REAL SOUTH, APT. 830</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON FL 33432</td> <td></td> </tr> </table>			TITLE	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	SCHWARTZ, JODY D		STREET ADDRESS	101 PLAZA REAL SOUTH, APT. 830		CITY-ST-ZIP	BOCA RATON FL 33432	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE: 1/25/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													