


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90535 049 ***150.00

DOCUMENT # P04000080970	
1. Entity Name BARBARA H. FORMAN, MS, LMHC, P.A.	

Principal Place of Business 10392 CANOE BROOK CIRCLE BOCA RATON, FL 33498-4604	Mailing Address 10392 CANOE BROOK CIRCLE BOCA RATON, FL 33498-4604
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50046252

2. Principal Place of Business 17792 Villa Club Way	3. Mailing Address 17792 Villa Club Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03292005 Chg-P CR2E034 (10/03)

City & State Boca Raton, Florida	City & State Boca Raton, Florida	4. FEI Number 05-0603004	Applied For Not Applicable
Zip 33496-1031	Country U.S.	Zip 33496-1031	Country U.S.

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FORMAN, BARBARA H 10392 CANOE BROOK CIRCLE BOCA RATON, FL 33498-4604	7. Name and Address of New Registered Agent Name Barbara H. Forman Street Address (P.O. Box Number is Not Acceptable) 17792 Villa Club Way City Boca Raton FL 33496-1031
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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 *x* Barbara H. Forman President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

x Barbara Forman
DATE 4/26/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *x Barbara Forman* 4/26/05 Barbara H. Forman President *x* 561-715-6789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #