

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/8/2005-90065-007-\$150.00-\$150.00

DOCUMENT # P04000138171					
1. Entity Name MONICA NICOLL, LMHC, P.A.					
Principal Place of Business 160 NW CENTRAL PARK PLAZA 101 PORT ST LUCIE FL 34986 US			Mailing Address 160 NW CENTRAL PARK PLAZA 101 PORT ST LUCIE FL 34986 US		
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 20-1741386	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NICOLL, MONICA 160 NW CENTRAL PARK PLAZA 101 PORT ST LUCIE FL 34986			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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: _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICOLL, MONICA 160 NW CENTRAL PLAZA SUITE 101 PORT ST LUCIE FL 34986	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Change ☐ Addition			
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

FILED

05 OCT 17 AM 11:46



2nd MOORE CR2E034 (5/05)