

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000138171

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** MONICA NICOLL, LMHC, P.A.

**Current Principal Place of Business:**

160 NW CENTRAL PARK PLAZA  
STE 108  
PORT ST LUCIE, FL 34986 US

**New Principal Place of Business:**

1430 SW ST. LUCIE WEST BOULEVARD  
STE 103  
PORT ST LUCIE, FL 34986 US

**Current Mailing Address:**

160 NW CENTRAL PARK PLAZA  
STE 108  
PORT ST LUCIE, FL 34986 US

**New Mailing Address:**

1430 SW ST. LUCIE WEST BOULEVARD  
STE 103  
PORT ST LUCIE, FL 34986 US

**FEI Number:** 20-1741386

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NICOLL, MONICA  
160 NW CENTRAL PARK PLAZA  
STE 108  
PORT ST LUCIE, FL 34986 US

**Name and Address of New Registered Agent:**

NICOLL, MONICA  
1430 SW ST. LUCIE WEST BLVD.  
STE 103  
PORT ST LUCIE, FL 34986 US

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: MONICA NICOLL

04/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NICOLL, MONICA  
Address: 1430 SW ST. LUCIE WEST BLVD #103  
City-St-Zip: PORT ST LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: MONICA NICOLL

PRES

04/27/2011

Electronic Signature of Signing Officer or Director

Date