

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000159749

Entity Name: NANCY L. SKAER LMHC P.A.

FILED
Jun 07, 2007
Secretary of State

Current Principal Place of Business:

3910 N. DALE BLVD.
SUITE 208
TAMPA, FL 33624

New Principal Place of Business:

5201 W. KENNEDY BLVD.
SUITE 620
TAMPA, FL 33609

Current Mailing Address:

3910 N. DALE BLVD.
SUITE 208
TAMPA, FL 33624

New Mailing Address:

5201 W. KENNEDY BLVD.
SUITE 620
TAMPA, FL 33609

FEI Number: 03-0551198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

SKAER, DAVID H DR.
SAINT LEO UNIVERSITY- 8102 CONDOR STREET
SUITE 116
MACDILL AFB, FL 33621 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: DR. DAVID H. SKAER

06/07/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SKAER, NANCY L
Address: 3910 N. DALE BLVD. #208
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: SKAER, NANCY L
Address: 5201 W. KENNEDY BLVD. SUITE 620
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NANCY L. SKAER, PH.D., LMHC, P.A.

PSTD

06/07/2007

Electronic Signature of Signing Officer or Director

Date