

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000003051

FILED
Jan 10, 2006
Secretary of State

Entity Name: M. BENJAMIN MEYERS, PSY.D., P.A.

Current Principal Place of Business:

5150 TAMIAMI TRAIL N SUITE 200
NAPLES, FL 34103

New Principal Place of Business:

5117 CASTELLO DRIVE
SUITE 2
NAPLES, FL 34103

Current Mailing Address:

5150 TAMIAMI TRAIL N SUITE 200
NAPLES, FL 34103

New Mailing Address:

5117 CASTELLO DRIVE
SUITE 2
NAPLES, FL 34103

FEI Number: 20-2084132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYERS, M BENJAMIN
5150 TAMIAMI TRAIL N SUITE 200
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

MEYERS, MARK B PSY.D.
5117 CASTELLO DRIVE
SUITE 2
NAPLES, FL 34103 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: MARK BENJAMIN MEYERS, PSY.D.

01/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEYERS, M BENJAMIN
Address: 5150 TAMIAMI TRAIL N SUITE 200
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MEYERS, MARK B
Address: 5117 CASTELLO DRIVE, SUITE 2
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK BENJAMIN MEYERS, PSY.D.

P

01/10/2006

Electronic Signature of Signing Officer or Director

Date