2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000003163

FT MYERS, FL 33912

Entity Name: CORI J. CALKINS, PSY. D., P.A.

FILED Mar 16, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6150 DIAMOND CENTRE CT. STE. 1003 13430 PARKER COMMONS BLVD.

STE. 101

FT MYERS, FL 33912

Current Mailing Address: New Mailing Address:

12801 EAGLE POINTE CIRCLE 13430 PARKER COMMONS BLVD. FT MYERS, FL 33913

STE. 101

FT MYERS, FL 33912 FL

FEI Number: 20-2109613 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CALKINS, CORI J PSY.D CALKINS, CORI J PSY.D 12801 EAGLE POINTE CIR. 12801 EAGLE POINTE CIR. STE. 101

FORT MYERS, FL 33913 US FORT MYERS, FL 33913 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: 03/16/2011

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRFS

CALKINS, CORI J Name:

12801 EAGLE POINTE CIR. Address: City-St-Zip: FORT MYERS, FL 33913 US

Title: **PRES**

Name: CALKINS, CORI J

13430 PARKER COMMONS BLVD. STE 101 Address:

FORT MYERS, FL 33912 FL City-St-Zip:

PRES Title:

CALKINS, CORI J Name:

13430 PARKER COMMONS BLVD, STE 101 Address:

City-St-Zip: FORT MYERS, FL 33912 FL

Title: **PRES**

CALKINS, CORI J Name:

Address: 13430 PARKER COMMONS BLVD. STE 101

City-St-Zip: FORT MYERS, FL 33912 FL

Title: **PRES**

Name: CALKINS, CORI J

13430 PARKER COMMONS BLVD. STE 101 Address:

City-St-Zip: FORT MYERS, FL 33912 FL

Title: PRES

Name: CALKINS, CORI J

13430 PARKER COMMONS BLVD. STE 101 Address:

City-St-Zip: FORT MYERS, FL 33912 FL

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: CORI J. CALKINS **PRES** 03/16/2011