


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

05-01-2006 90295 001 \*\*\*150.00  
P05000028859

FILED

06 JUNE 07 9:28

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000028859					
1. Entity Name CALHOUN PSYCHOLOGICAL ASSOCIATES, P.A.					
Principal Place of Business 801 WEST BAY DRIVE, SUITE 704 LARGO, FL 33770			Mailing Address 801 WEST BAY DRIVE, SUITE 704 LARGO, FL 33770		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	03292006 Chg-P CR2E034 (11/05)	
4. FEI Number 86-1133016				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CALHOUN, GARY E PH.D 801 WEST BAY DRIVE, SUITE 704 LARGO, FL 33770				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 <u>Gary E. Calhoun, Ph.D.</u> <u>Gary E. Calhoun, Ph.D.</u> <u>04/04/06</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-stating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVS CALHOUN, GARY E PH.D 801 WEST BAY DRIVE, SUITE 704 LARGO, FL 33770	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CALHOUN, GARY E PH.D 801 WEST BAY DRIVE, SUITE 704 LARGO, FL 33770	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS CALHOUN, SUSAN T PH.D 801 WEST BAY DRIVE, SUITE 704 LARGO, FL 33770	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <u>Gary E. Calhoun, Ph.D.</u> <u>Gary E. Calhoun, Ph.D.</u> <u>04/04/06</u> <u>727-480-8362</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					