#### 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

**DOCUMENT # P05000049847** 

SARÁH H. DIPERNA, PSY.D, P.A.



Principal Place of Business

Mailing Address

812 NORTHEAST 4TH AVENUE POMPANO BEACH, FL 33060

812 NORTHEAST 4TH AVENUE POMPANO BEACH, FL 33060

# **FILED** Apr 30, 2007 08:00 AM Secretary of State



### DO NOT WRITE IN THIS SPACE

04072007	No Chg-P	CR2E034 (11/05)	
EEI Number		Applied	Ī

37-1507794

5. Certificate of Status Desired

\$8.75 Additional

Not Applicable

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

DIPERNA, SARAH H 812 NORTHEAST 4TH AVENUE POMPANO BEACH, FL 33060

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	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.	t am familiar with, and accept
	the obligations of registered agent.	
SIC	GNATURE	

\$5.00 May Be

U00000740907 05/15/07-80007-019 150.00

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

Added to Fees

(NOTE: Registered Agent signature required when reinstating)

10. OFFICERS AND DIRECTORS PST TITLE DIPERNA, SARAH H NAME STREET ADDRESS 812 NORTHEAST 4TH AVE CITY-ST-ZIP POMPANO BEACH, FL 33060 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-7/P TITLE NAME STREET ADDRESS

## DO NOT WRITE IN THIS SPACE

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.

CITY-\$T-ZIP

Sarah DiPerna

954-560-7629