

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 20, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000057907

1. Entity Name  
MELISSA NADLER, LMHC, INC.



Principal Place of Business  
1954 HOWELL BRANCH ROAD  
SUITE 106  
WINTER PARK, FL 32792

Mailing Address  
4544 TRESCOTT DRIVE  
ORLANDO, FL 32817



05252007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
05-0625732

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

NADLER, MELISSA  
4544 TRESCOTT DRIVE  
ORLANDO, FL 32817

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

6/18/07

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	NADLER, MELISSA
STREET ADDRESS	4544 TRESCOTT DRIVE
CITY- ST- ZIP	ORLANDO, FL 32817
TITLE	VP
NAME	NADLER, JON
STREET ADDRESS	4544 TRESCOTT DRIVE
CITY- ST- ZIP	ORLANDO, FL 32817
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000766470  
06/20/07-80001-025 150.00

**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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/07

Date

Daytime Phone #