

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102302

**FILED**  
**Jan 19, 2010**  
**Secretary of State**

**Entity Name:** STEPHANIE SUMMERS, LMFT, P.A.

**Current Principal Place of Business:**

11543 HALETHORPE DR  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 600293  
JACKSONVILLE, FL 32226

**New Mailing Address:**

P O BOX 600293  
JACKSONVILLE, FL 322260

**FEI Number:** 20-3221656

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SUMMERS, STEPHANIE  
11543 HALETHORPE DR  
JACKSONVILLE, FL 32223 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** SUMMERS, STEPHANIE  
**Address:** 11543 HALETHORPE DR  
**City-St-Zip:** JACKSONVILLE, FL 32223

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:** STEPHANIE SUMMERS

PRES

01/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date