

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000126966

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** BARBARA J. MCDOUGALL, PSY. D., P.A.

**Current Principal Place of Business:**

4605 HIGHWAY  
SUITE 2  
ORANGE PARK, FL 32003

**New Principal Place of Business:**

4605 HIGHWAY 17  
SUITE 2  
ORANGE PARK, FL 32003

**Current Mailing Address:**

2871 RAVINES ROAD  
MIDDLEBURG, FL 32068

**New Mailing Address:**

**FEI Number:** 33-1118743      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MCDOUGALL, BARBARA J DR.  
2871 RAVINES ROAD  
MIDDLEBURG, FL 32068      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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCDOUGALL, BARBARA J  
Address: 2871 RAVINES ROAD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D  
Name: MCDOUGALL, BARBARA J  
Address: 2871 RAVINES ROAD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: V  
Name: MCDOUGALL, PETER J  
Address: 2871 RAVINES RD.  
City-St-Zip: MIDDLEBURG, FL 32068

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: BARBARA J. MCDOUGALL

P

03/30/2011

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

\_\_\_\_\_  
Date