

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000127066

FILED
Apr 04, 2007
Secretary of State

Entity Name: CAMELLIA A. WESTWELL, PSY.D, P.A.

Current Principal Place of Business:

4930 SOMERVILLE DRIVE
ROCKLEDGE, FL 32955

New Principal Place of Business:

1800 SUN-GAZER DRIVE
ROCKLEDGE, FL 32955

Current Mailing Address:

4930 SOMERVILLE DRIVE
ROCKLEDGE, FL 32955

New Mailing Address:

1800 SUN-GAZER DRIVE
ROCKLEDGE, FL 32955

FEI Number: 20-3579559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WESTWELL, CAMELLIA A
4930 SOMERVILLE DRIVE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

WESTWELL, CAMELLIA A
1800 SUN-GAZER DRIVE
ROCKLEDGE, FL 32955 US

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:

04/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: WESTWELL, CAMELLIA A
Address: 4930 SOMERVILLE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: VPTD () Delete
Name: MOSER, EDWARD L
Address: 4930 SOMERVILLE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: WESTWELL, FRANCIS J
Address: 4930 SOMERVILLE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: WESTWELL, SINTRA C
Address: 4930 SOMERVILLE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: WESTWELL, CAMELLIA A
Address: 1800 SUN-GAZER DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: VPTD (X) Change () Addition
Name: MOSER, EDWARD L
Address: 1800 SUN-GAZER DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D (X) Change () Addition
Name: WESTWELL, FRANCIS J
Address: 1800 SUN-GAZER DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D (X) Change () Addition
Name: WESTWELL, SINTRA C
Address: 1800 SUN-GAZER DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAMELLIA WESTWELL

PSD

04/04/2007

Electronic Signature of Signing Officer or Director

Date