

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90181 035 \*\*\*158.75

<b>DOCUMENT # P06000010478</b>					
<b>1. Entity Name</b> VIVIENNE STEINHARDT, LCSW, P.A.					
<b>Principal Place of Business</b> 6756 CANARY PALM CIRCLE BOCA RATON, FL 33433			<b>Mailing Address</b> 6756 CANARY PALM CIRCLE BOCA RATON, FL 33433		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 4-3769442	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  STEINHARDT, VIVIENNE 6688 TIBURON CIRCLE BOCA RATON, FL 33433			<b>7. Name and Address of New Registered Agent</b> Name <b>VIVIENNE STEINHARDT</b> Street Address (P.O. Box Number is Not Acceptable) <b>6756, CANARY PALM CIRCLE</b> City <b>BOCA RATON</b> FL <b>33433</b>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STEINHARDT, VIVIENNE 6688 TIBURON CIRCLE BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIVIENNE STEINHARDT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6756, CANARY PALM CIRCLE BOCA RATON FL 33433		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Vivienne Steinhardt</i> <b>VIVIENNE STEINHARDT</b> <b>3/20/07</b> <b>561-716-2132</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					