## 2000 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P06000010478**

1. Entity Name VIVIENNE STEINHARDT, LCSW, P.A.



FILED Feb 27, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

6756 CANARY PALM CIRCLE BOCA RATON, FL 33433 6756 CANARY PALM CIRCLE BOCA RATON, FL 33433



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DO NOT WRITE IN THIS SPACE

02032008 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3769442

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEINHARDT, VIVIENNE 6756 CANARY PALM CIRCLE BOCA RATON, FL 33433

## DO NOT WRITE IN THIS SPACE

					THIS STASE	
the obligat	ions of registered agent.	ourpose of changing its register	red office or re	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered agent and life if applicable.			ed Agent signature	Agent signature required when reinstating) 4 DATE		
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D STEINHARDT, VIVIENNE 6756 CANARY PALM CIRCLE BOCA RATON, FL 33433					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·		000000841874 03/11/08-80006-007 158.75	
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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 expowered 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 articlyment with an address, with all other like empowered.

SIGNATURE

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEINIMENT

7-72-08

561.338-3168

Daytime Phone i