


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2008 8:00 am**  
**Secretary of State**

09-08-2008 90002 044 \*\*\*150.00

<b>DOCUMENT # P06000055343</b>	
1. Entity Name <b>SOCIAL WORK ON-CALL, INC.</b>	

Principal Place of Business <b>6542 HYPOLUXO ROAD #136 LAKE WORTH, FL 33467</b>	Mailing Address <b>6542 HYPOLUXO ROAD #136 LAKE WORTH, FL 33467</b>
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2. Principal Place of Business - No P.O. Box # <b>6586 Hypoluxo Rd</b>	3. Mailing Address <b>6586 Hypoluxo Rd</b>
Suite, Apt. #, etc. <b>#136</b>	Suite, Apt. #, etc. <b>#136</b>
City & State <b>LAKE WORTH FL</b>	City & State <b>LAKE WORTH FL</b>
Zip <b>33467</b>	Zip <b>33467</b>
Country <b>USA</b>	Country <b>USA</b>

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08222008 Chg-P CR2E034 (12/06)

4. FEI Number Employer ID # <b>20-4719122</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>HIRSCH AND COMPANY CPA'S INC 175 W CAMINO REAL BOCA RATON, FL 33432</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

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.

SIGNATURE Melanie Moskowitz (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSKOWITZ, MELANIE 6586 HYPOLUXO RD #136 LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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.

SIGNATURE: Melanie Moskowitz 9/2/08 (561) 255-4245  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

9/21/08

To Whom it may Concern, 60046807

I never received prior notification of filing fees. Subsequently, I am mailing you \$150.00. Please note, the business underwent an address change - this may be the reason why I never received prior notification.

Sincerely,  
Melanie Moxamy  
President of Social Work on Call