

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000090645

FILED
Jan 06, 2008
Secretary of State

Entity Name: ELSA M. ORLANDINI, PSY. D., P.A.

Current Principal Place of Business:

1111 LINCOLN ROAD, SUITE 400
MIAMI, FL 33139

New Principal Place of Business:

Current Mailing Address:

1111 LINCOLN ROAD, SUITE 400
MIAMI, FL 33139

New Mailing Address:

FEI Number: 20-5211552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEFTALL & TORRES, P.A.
100 SOUTHEAST SECOND STREET, SUITE 2220
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SHEFTALL & TORRES, P.A.
SUNTRUST INTERNATIONAL CENTER
ONE S.E. THIRD AVENUE, SUITE 3000
MIAMI, FL 33131 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:

01/06/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVTs () Delete
Name: ORLANDINI, ELSA M PSY.D
Address: 1111 LINCOLN ROAD, SUITE 400
City-St-Zip: MIAMI, FL 33139

Title: D () Delete
Name: ORLANDINI, ELSA M PSY.D
Address: 1111 LINCOLN ROAD, SUITE 400
City-St-Zip: MIAMI, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ELSA M. ORLANDINI

DR.

01/06/2008

Electronic Signature of Signing Officer or Director

Date