2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# P06000097893

Entity Name: TOBI N. GILBERT, PSY.D., P.A.

Current Principal Place of Business:

9002 69TH AVE EAST
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

9002 69TH AVE EAST
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 20-8389764 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAW OFFICE OF IRENE B. BROWN, P.A.
5355 9TH STREET NORTH - 2ND FLOOR
ST PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

GILBERT, TOBI N DR.
9002 69TH AVENUE EAST
PALMETTO, FL 34221 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: TOBI N. GILBERT 07/07/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete
Name: GILBERT, TOBI N
Address: 9002 69TH STREET EAST
City-St-Zip: PALMETTO, FL 34221

Title: DR. ( ) Delete
Name: GILBERT, TOBI N
Address: 9002 69TH STREET EAST
City-St-Zip: PALMETTO, FL 34221

Title: DIR ( ) Delete
Name: GILBERT, TOBI N
Address: 9002 69TH AVENUE EAST
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: TOBI GILBERT DR. 07/07/2008
Electronic Signature of Signing Officer or Director Date