

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000135750

1. Entity Name
CHARLES M RIDGDILL PSYD PA



Principal Place of Business
3507 VILLAGE BLVD
103
WEST PALM BEACH, FL 33409 US

Mailing Address
3507 VILLAGE BLVD
103
WEST PALM BEACH, FL 33409 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

RIDGDILL, CHARLES M PSYD
3507 VILLAGE BLVD
103
WEST PALM BEACH, FL 33409

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00** 9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P RIDGDILL, CHARLES M PSYD
NAME
STREET ADDRESS 3507 VILLAGE BLVD
CITY-ST-ZIP WEST PALM BEACH, FL 33409

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Charles Michael Ridgdill*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Mar 16, 2007 8:00 am
Secretary of State**

03-16-2007 90025 028 ***150.00



03132007 Chg-P CR2E034 (12/06)

4. FEI Number
20-577 3988 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

3/13/07 (561)687-3394
Date Daytime Phone #