2008 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

Mailing Address

3507 VILLAGE BLVD

103

WEST PALM BEACH, FL 33409

~#530 A ~ *4

FILED Apr 30, 2008 8:00 am Secretary of State

04-30-2008 90200 021 ***150.00



DO NOT WRITE IN THIS SPACE

04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5773988

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00		Election Campaign Financin Trust Fund Contribution.	9 🗀	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIDGDILL, CHARLES M PSYD 3507 VILLAGE BLVD WEST PALM BEACH, FL 33409				
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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

NAME STREET ADDRESS CITY-ST-ZIP

Mally Eddall Charles R.
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRE

4/24/08

(561)687-3394