

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000077491

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** TOTAL PERSON PSYCHOLOGICAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

9309 BLIND PASS ROAD  
ST PETE BEACH, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

9309 BLIND PASS ROAD  
ST PETE BEACH, FL 33706

**New Mailing Address:**

**FEI Number:** 27-1048021

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVID A. BACON, ESQUIRE  
2959 FIRST AVENUE NORTH  
ST PETERSBURG, FL 33713 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: MACKENZIE, LYNNETTE  
Address: 9309 BLIND PASS ROAD  
City-St-Zip: ST PETE BEACH, FL 33706

I hereby 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 all other like empowered.

SIGNATURE: L MACKENZIE

PRES

04/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date