

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000078777

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** LISA M SANDLER, PSY.D. P.A.

**Current Principal Place of Business:**

89 DEER CREEK ROAD  
K-107  
DEERFIELD BEACH, FL 33443

**New Principal Place of Business:**

7091 DEMEDICI CIRCLE  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

89 DEER CREEK ROAD  
K-107  
DEERFIELD BEACH, FL 33443

**New Mailing Address:**

7091 DEMEDICI CIRCLE  
DELRAY BEACH, FL 33446

**FEI Number:** 27-0954872

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANDLER, LISA M  
89 DEER CREEK ROAD  
K-107  
DEERFIELD BEACH, FL 33442 US

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

SANDLER, LISA M  
7091 DEMEDICI CIRCLE  
DELRAY BEACH, FL 33446 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:** LISA M. SANDLER

02/29/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DR  
**Name:** SANDLER, LISA M  
**Address:** 7091 DEMEDICI CIRCLE  
**City-St-Zip:** DELRAY BEACH, FL 33446

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:** LISA M. SANDLER

DR

02/29/2012

Electronic Signature of Signing Officer or Director

Date