

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000083841

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** RONNIE GRUBBS, PSY. D., PA

**Current Principal Place of Business:**

13933 17TH STREET  
DADE CITY, FL 33525

**New Principal Place of Business:**

14028 5TH ST, SUITE B  
DADE CITY, FL 33525

**Current Mailing Address:**

13933 17TH STREET  
DADE CITY, FL 33525

**New Mailing Address:**

14028 5TH ST, SUITE B  
DADE CITY, FL 33525

**FEI Number:** 27-1094228

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ON-SITE ACCOUNTING, INC.  
1407 E. BAKER STREET  
SUITE B  
PLANT CITY, FL 33563 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GRUBBS, RONNIE  
Address: 14028 5TH STREET, SUITE B  
City-St-Zip: DADE CITY, FL 33525

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: RONNIE GRUBBS, PSY.D.

P

04/23/2010

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

\_\_\_\_\_  
Date