

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000056718

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

**Entity Name:** ZENAIDA PAULA, PSY.D. INC

**Current Principal Place of Business:**

1154 LEE BLVD., STE 4  
LEHIGH ACRES, FL 33936 US

**New Principal Place of Business:**

**Current Mailing Address:**

15 LINCOLN AVE  
LEHIGH ACRES, FL 33936

**New Mailing Address:**

1154 LEE BLVD., STE 4  
LEHIGH ACRES, FL 33936 US

**FEI Number:** 27-3025816

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAULA, ZENAIDA  
15 LINCOLN AVE  
LEHIGH ACRES, FL 33936 US

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

PAULA, ZENAIDA  
1154 LEE BLVD., STE 4  
LEHIGH ACRES, FL 33936 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/04/2012

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PAULA, ZENAIDA  
Address: 1154 LEE BLVD., STE 4  
City-St-Zip: LEHIGH ACRES, FL 33936 US

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: ZENAIDA PAULA

P

01/04/2012

Electronic Signature of Signing Officer or Director

Date