

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000066015

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** SOCIAL WORK FORENSIC CONSULTATION OF THE PALM BEACHES INC

**Current Principal Place of Business:**

7086 LAKE ISLAND DRIVE  
LAKE WORTH, FL 33467 US

**New Principal Place of Business:**

**Current Mailing Address:**

7086 LAKE ISLAND DRIVE  
LAKE WORTH, FL 33467 US

**New Mailing Address:**

**FEI Number:** 27-3227421

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OSBORNE, RUTH  
7086 LAKE ISLAND DRIVE  
LAKE WORTH, FL 33467 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: P  
Name: OSBORNE, RUTH  
Address: 7086 LAKE ISLAND DRIVE  
City-St-Zip: LAKE WORTH, FL 33467 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: RUTH OSBORNE

PRES

04/13/2012

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

\_\_\_\_\_  
Date