

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000097120

**FILED**  
**Jul 11, 2011**  
**Secretary of State**

**Entity Name:** SUSANNE R MEALER LCSW PA

**Current Principal Place of Business:**

320 NW 51ST CT  
OAKLAND PARK, FL 33309

**New Principal Place of Business:**

10031 PINES BLVD  
220  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

320 NW 51ST CT  
OAKLAND PARK, FL 33309

**New Mailing Address:**

10031 PINES BLVD  
220  
PEMBROKE PINES, FL 33024

**FEI Number:** 27-4082371

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEALER, SUSANNE R  
320 NW 51ST CT  
OAKLAND PARK, FL 33309 US

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

MEALER, SUSANNE R  
10031 PINES BLVD  
220  
PEMBROKE PINES, FL 33024 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:

07/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MEALER, SUSANNE R  
Address: 10031 PINES BLVD; STE 220  
City-St-Zip: PEMBROKE PINES, FL 33024

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: SUSANNE R. MEALER

P

07/11/2011

Electronic Signature of Signing Officer or Director

Date