

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90040 045 ***150.00

DOCUMENT # P93000029123

1. Entity Name

LINDA C. SCHEIBLE, L.C.S.W., P.A.



Principal Place of Business

5700 LAKE WORTH RD.
#205
LAKE WORTH FL 33462

Mailing Address

5700 LAKE WORTH RD.
#205
LAKE WORTH FL 33462

2. Principal Place of Business - No P.O. Box

8461 Lake Worth Road (#188)

3. Mailing Address

8461 Lake Worth Road

Suite, Apt. #, etc.

Suite #188

Suite, Apt. #, etc.

Suite #188

City & State

Lake Worth, Florida

City & State

Lake Worth, Florida

Zip

33462

Country

PBC

Zip

33462

Country

PALM BEACH

1st MOORE

CR2E034 (10/07)

4. FEI Number 65-0410957

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

County

7. Name and Address of New Registered Agent

SCHEIBLE, LINDA C
1400 WOOD ROW WAY
WEST PALM BEACH FL 33414

SAME ADDRESS

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Linda C. Scheible LCSW, P.A.

4/24/08

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☐ Delete
NAME SCHEIBLE, LINDA C
STREET ADDRESS 1400 WOOD ROW WAY
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda C. Scheible LCSW, PA

4/24/08

(561)

209-6868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #