

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000061417

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** RICK L. OVERMAN, PSY.D. LICENSED PSYCHOLOGIST, P.A.

**Current Principal Place of Business:**

1326 SE 3RD AVENUE  
FT. LAUDERDALE, FL 33316 US

**New Principal Place of Business:**

**Current Mailing Address:**

6624 TIBURON CIRCLE  
BOCA RATON, FL 33433 US

**New Mailing Address:**

**FEI Number:** 65-0436172      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

OVERMAN, RICK L  
1326 SE 3RD AVENUE  
FT. LAUDERDALE, FL 33316 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: PRES  
Name: OVERMAN, RICK L PSY. D.  
Address: 1326 SE 3RD AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33316 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: RICK L OVERMAN

PRES

04/30/2010

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

\_\_\_\_\_  
Date