2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 15, 2006 08:00 AM DOCUMENT # P93000069513 **Secretary of State** 1. Entity Name ANDREA DERATANY, PSY.D, P.A. Principal Place of Business Mailing Address 105 S. RIVERSIDE DRIVE 105 S. RIVERSIDE DRIVE SUITE 130 INDIALANTIC FL 32903 SUITE 130 INDIALANTIC FL 32903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Apphed For 59-3205774 Not Applie: Zip Country Z_{IP} Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NOHRR, DA Street Address (P.O. Box Number is Not Acceptable) 1800 WEST HIBISCUS BLVD. SUITE 138 MELBOURNE FL 32901 Zip Code 5. 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered egent and title it applicable INDIE Pegistered Agent signature required when reinstational DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State 10. **OFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE םו Delete TITLE ☐ Change U00000467864 NAME DERATANY, ANDREA DR NAME 03/24/06-80006-020 150.00 STREET ADDRESS 105 S. RIVERSIDE DR. #130 STREET ADDRESS CITY-ST-ZIP INDIALANTIC FL 32903 CITY-ST-719 TITLE ☐ Delete TOTO F Change □A: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZW TITLE ☐ Delete HILE ☐ Change T Act. NAME STREET ADDRESS STRLET ADDRESS CITY-ST-ZIP CITY - ST- ZIP HTLE Delete TOTAL ☐ Change mer MAME MANE STREET ADDRESS STREET ADDRESS CJTY-SJ-ZW CITY-\$1-20 TITLE ☐ Detete TITLE ☐ Chanos Ω^* 110345 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TiTLE ☐ Delete TIPLE Change □ Ad-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z@ CITY-ST-ZIP

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12. I hereby certify that the information supplied with this titing does not quality 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 directly 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 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: ANDREW VERATHUY MARCH 9 2006 727-903