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May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000081328 (5)

1. Corporation Name  
LINDA MUNRO PSY.D., P.A.



Principal Place of Business: 139 AVENUE C.S.W. SUITE C WINTER HAVEN FL 33880 US  
Mailing Address: 139 AVENUE C. S.W. SUITE C WINTER HAVEN FL 33880-3258 US

3. Date Incorporated or Qualified: 11/24/1993  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 59-3214867  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 Omit Suite C 23 City & State 24 Zip 25 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 Omit Suite C 28 City & State 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
MUNRO, LINDA  
139 AVENUE, C, S.W.  
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent  
#1 Name  
#2 Street Address (P.O. Box Number is Not Acceptable)  
#3  
#4 City FL #5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE: DPST  
NAME: MUNRO, LINDA  
STREET ADDRESS: 139 AVENUE C, S.W.  
CITY - ST - ZIP: WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Linda N. Munro, Psy. D. 4/28/97 941-299-8400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)