

2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
May 25, 2005
Secretary of State**

DOCUMENT# P93000081328

Entity Name: LINDA MUNRO PSY.D., P.A.

Current Principal Place of Business:

950 1ST STREET S
SUITE 205
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9221
WINTER HAVEN, FL 33883221 US

New Mailing Address:

FEI Number: 59-3214867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNRO, LINDA
950 1ST S SOUTH STE 205
WINTER HAVEN, FL 33880 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: MUNRO, LINDA
Address: 950 1ST STREET SOUTH STE 205
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LINDA MUNRO

DR.

05/25/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date