

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90238 040 \*\*\*150.00

0511730 AV

**DOCUMENT # P93000081328**



1. Entity Name  
**LINDA MUNRO PSY.D., P.A.**

Principal Place of Business  
**101 AVENUE C SW  
SUITE 514  
WINTER HAVEN FL 33880  
US**

Mailing Address  
**P.O. BOX 9221  
WINTER HAVEN FL 33883-221  
US**



2. Principal Place of Business  
**950 1st Street S  
Suite, Apt. #, etc.  
Suite 205**

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES.

City & State  
**Winter Haven FL**  
Zip  
**33880**  
Country  
**USA**

City & State  
Zip  
Country

4. FEI Number **59-3214867**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MUNRO, LINDA  
101 AVE C SW  
WINTER HAVEN FL 33880**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**950 1ST S South Suite 205**  
City **Winter Haven** **FL** Zip Code **33880**

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 Munro, Psy.D**  
Signature, typed or printed name of registered agent and title if applicable.

**Linda Munro Psy.D**  
(NOTE: Registered Agent signature required when reinstating)

**4/30/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST MUNRO, LINDA 101 AVE C SW WINTER HAVEN FL 33880</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>950 1ST Street South Suite 205 Winter Haven, FL 33880</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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 Munro Psy.D**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/03**  
Date

Daytime Phone #

CR2E034 (10/02)