

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000086935 (2)

1. Corporation Name

SHELLEY A. MEYERSON, L.C.S.W., P.A.



Principal Place of Business

Mailing Address

2090 PALM BEACH LAKES BLVD.
SUITE 909
WEST PALM BEACH FL 33409

2090 PALM BEACH LAKES BLVD.
SUITE 909
WEST PALM BEACH FL 33409

2. Principal Place of Business

2a. Mailing Address

21 1045 Palm Beach Lakes Blvd

26 502 E. New Haven Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #680

27 236

City & State

City & State

23 W. Palm Bch. FL

28 Melbourne

Zip

Country

Zip

Country

24 33401

25 P.B.

29 FL

30 32901

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILDER, FLOYD OLIVER
2090 PALM BEACH LAKES BLVD
STE - 911
WEST PALM BEACH FL 33409

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 title (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MEYERSON, SHELLEY A
STREET ADDRESS 958 S. MILITARY TRAIL, SUITE 301
CITY - ST - ZIP W. PALM BEACH FL 33415

TITLE
NAME Meyerson Shelley A
STREET ADDRESS 1045 Palm Bch. Lakes Blvd #680
CITY - ST - ZIP W. Palm Bch., FL 33401

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shelley A. MEYERSON

4/13/96

407 684-3909

Daytime Phone #

CR2E034 (12/95)