

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000032290

FILED
Jan 21, 2009
Secretary of State

Entity Name: JAMIE H. BARRON, PSY. D., P.A.

Current Principal Place of Business:

37800 SR 54 WEST
SUITE K
ZEPHYRHILLS, FL 33541 US

New Principal Place of Business:

37800 SR 54 WEST
ZEPHYRHILLS, FL 33542 US

Current Mailing Address:

P O BOX 1269
ZEPHYRHILLS, FL 33539 US

New Mailing Address:

FEI Number: 59-3242524 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BARRON, JAMIE H
37800 SR 54 WEST STE K
ZEPHYRHILLS, FL 33540 US

Name and Address of New Registered Agent:

BARRON, JAMIE H
37800 SR 54 WEST
ZEPHYRHILLS, FL 33542 US

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

01/21/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARRON, JAMIE H.
Address: 37800 SR 54 WEST STE K
City-St-Zip: ZEPHYRHILLS, FL 33541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BARRON, JAMIE H.
Address: 37800 SR 54 WEST
City-St-Zip: ZEPHYRHILLS, FL 33542

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMIE H. BARRON, PSY.D.

PRES

01/21/2009

Electronic Signature of Signing Officer or Director

Date