

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90112 045 ***150.00

DOCUMENT # P94000053205

1. Entity Name
LYNDA HEYMEN, PSY.D., P.A.



Principal Place of Business
**4201 LAKE BOONE TRAIL
SUITE 207
RALEIGH NC 27607
US**

Mailing Address
**4201 LAKE BOONE TRAIL
SUITE 207
RALEIGH NC 27607
US**



2. Principal Place of Business

2304 Westvill CT.

3. Mailing Address

2304 Westvill CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

280

280

City & State

City & State

Raleigh, NC

Raleigh, NC

Zip

Country

Zip

Country

27607

USA

27607

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0513807**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEWIS, RONALD ESQ.
5301 N. FEDERAL HWY.
SUITE 150
BOCA RATON FL 33431**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 **D** ☐ Delete
NAME **HEYMEN, LYNDA PSY.D.**
STREET ADDRESS **135 HUDSON HILLS RD**
CITY-ST-ZIP **PITTSBORO NC 27312**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED
Lynda Heymen, P.A. 3/25/03 919(786-9700)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)