


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90819 049 ***150.00

DOCUMENT # P94000058318	
1. Entity Name JANICE WEINTRAUB, L.C.S.W., P.A.	

Principal Place of Business 1515 N. UNIVERSITY DRIVE 102A CORAL SPRINGS, FL 33071 US	Mailing Address 1515 N. UNIVERSITY DRIVE 102A CORAL SPRINGS, FL 33071 US
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2. Principal Place of Business - No P.O. Box # 1750 N. UNIVERSITY DR.	3. Mailing Address 1750 N. UNIVERSITY DR.
Suite, Apt. #, etc. 201	Suite, Apt. #, etc. 201

City & State CORAL SPRINGS FL	City & State CORAL SPRINGS, FL
Zip 33071	Country USA
Zip 33071	Country USA



04252007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0513755	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WEINTRAUB, JANICE 1137 NW 114TH AVE CORAL SPRINGS, FL 33071	
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7. Name and Address of New Registered Agent	
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 <i>Janice Weintraub</i> JANICE WEINTRAUB, PRES.	DATE 4-26-07
<small>Signature, typed or printed name of registered agent and role if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINTRAUB, JANICE 1137 NW 114TH AVE CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <i>Janice Weintraub</i> JANICE WEINTRAUB, PRES.	DATE 4/26/07 DAYTIME PHONE 954 753-7940
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	