


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91049 027 ***150.00

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| DOCUMENT # P95000041938 |  |
| 1. Entity Name ANN L. RIEBE, PSY.D. P.A. | |

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| Principal Place of Business 615 E PALMETTO AVE MELBOURNE FL 32901 US | Mailing Address 615 E PALMETTO AVE MELBOURNE FL 32901 US |
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|---|---|
| 2. Principal Place of Business 600 E. Strawbridge Ave Suite, Apt. #, etc. Suite 200 B City & State Melbourne, FL Zip 32901 Country USA | 3. Mailing Address 600 E. Strawbridge Ave Suite, Apt. #, etc. Suite 200 B City & State Melbourne, FL Zip 32901 Country USA |
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MOORE CR2E034 (11/03)

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| 4. FEI Number 59-3320904 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent RIEBE, ANN L 615 E PALMETTO AVE MELBOURNE FL 32901 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600 E. Strawbridge Ave Suite 200 B City Melbourne FL Zip Code 32901 |
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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 *APD* (NOTE: Registered Agent signature required when reinstating) DATE 4/26/04

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 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 RIEBE, ANN L 1375 LECH AVENUE NW PALM BAY FL 32907 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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: *APD* 4/26/04 321-926-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #