


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90236 022 ***150.00

DOCUMENT # P96000051109 1. Entity Name LEONARD SCHNUR PSY. D., P.A.																													
Principal Place of Business 7449 NW 4TH STREET PLANTATION, FL 33317			Mailing Address 7449 NW 4TH STREET PLANTATION, FL 33317																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number 65-0675509																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent SCHNUR, LEONARD 1244 NORTH UNIVERSITY DRIVE PLANTATION, FL 33322				7. Name and Address of New Registered Agent Name SCHNUR, LEONARD Street Address (P.O. Box Number is Not Acceptable) 7449 NW 4th Street City Plantation FL Zip Code 33317																									
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 <u><i>Leonard Schnur</i></u> DATE <u>4/30/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SCHNUR, LEONARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7449 NW 4TH STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PLANTATION, FL 33317</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	SCHNUR, LEONARD		STREET ADDRESS	7449 NW 4TH STREET		CITY - ST - ZIP	PLANTATION, FL 33317		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: <u><i>Leonard Schnur</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/30/06</u> Daytime Phone # <u>954 5832606</u>																									