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Secretary of State
07-09-2004 90003 003 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064726

1. Entity Name
Pamela Vetro, PhD, PA

DO NOT WRITE IN THIS SPACE

54060848

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1605 NW 16 Ave	PO Box 12017
Suite, Apt. #, etc. Gainesville FL	Suite, Apt. #, etc. Gainesville FL
City & State 32605	City & State 32604
Zip / Country USA	Zip / Country FL

4. FEI Number 59-3458513 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Pamela Vetro
Street Address (P.O. Box Number is Not Acceptable): 1605 NW 16 Ave
Gainesville FL
City: FL Zip Code: 32605

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: P Vetro PhD PA — 7/6/04
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

January 1 - May 1: Fee is $150.00 After May 1: Fee is $550.00 Amended UBR is $61.25 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

TITLE	President
NAME	Pamela Vetro, PhD PA
STREET ADDRESS	1605 NW 16 Ave
CITY-ST-ZIP	Gainesville FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: P Vetro PhD PA — 7/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

574060848

P97000064726

Pamela Vetro, Ph.D. P.A.
Licensed School Psychologist
PO Box 12017
Gainesville, Florida 32604

July 6, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

I was shocked to see a "Notice of Intent to Dissolve" regarding my corporation. I did not receive any indication that there was a fee due nor that any action was needed on my part to meet the requirements of the Florida Department of State.

In telephone calls to your office I was advised to send this letter and the accompanying form along with a check for the full fee of $150.00.

Please inform me if other action is needed to maintain my corporation.

Sincerely,

Pamela Vetro, Ph.D. P.A.
Florida License # SS 587
(352) 374-2022

7/6/04
Date