

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000081385

**FILED**  
**Feb 21, 2010**  
**Secretary of State**

**Entity Name:** FELICIA ANN TRALONGO, PSY.D, P.A.

**Current Principal Place of Business:**

1890 N UNIVERSITY DRIVE #215  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LINDA BERLIN PSY D.& PSYCHOLOGICAL ASS  
1890 N. UNIVERSITY DRIVE #215  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

**FEI Number:** 65-0786010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRALONGO, FELICIA  
1890 N UNIVERSITY DR #215  
CORAL SPRINGS, FL 33071 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** TRALONGO, FELICIA A PSY.D  
**Address:** 1890 N UNIVERSITY DR #215  
**City-St-Zip:** CORAL SPRINGS, FL 33071

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** FELICIA ANN TRALONGO

P

02/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date