

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90383 022 \*\*\*150.00

<b>DOCUMENT # P97000096149</b> 1. Entity Name <b>PATRICIA L. GILCHRIST, LCSW, P.A.</b>					
Principal Place of Business <del>21500 WINLOCK AVE</del> <b>PORT CHARLOTTE, FL 33952</b> US				Mailing Address <del>21500 WINLOCK AVE</del> <b>PORT CHARLOTTE, FL 33952</b> US	
2. Principal Place of Business <b>13294 COMMONWEALTH AVE</b>		3. Mailing Address <b>13294 COMMONWEALTH AVE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04202006 Chg-P CR2E034 (11/05)	
City & State <b>PORT CHARLOTTE</b>		City & State <b>FL</b>		4. FEI Number <b>65-0794364</b>	
Zip <b>33981</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WRIGHT, THOMAS D</b> <b>10095 OVERSEAS HIGHWAY</b> <b>SUITE 10</b> <b>MARATHON, FL 33050</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GILCHRIST, PATRICIA L <del>21500 WINLOCK AVENUE</del> <b>13294 COMMONWEALTH AVE</b> <b>PORT CHARLOTTE, FL 33952 33981</b>		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	
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	
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 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.					
<b>SIGNATURE:</b>			<b>4/20/06 9412765096</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

# ATTACHMENT

50016205-

\* DO NOT SEND A CHECK WITH THE POSTCARD, IT WILL DELAY PROCESSING \*

**OPTION 3 - *Receive a form by mail* - Allow up to 28 days total processing time.**

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document # **P97000096149**

PATRICIA L. GILCHRIST, LCSW, P.A.

~~PO BOX 380895~~

~~MURDOCK FL 33938-0895~~

13294 COMMON WEALTH AVE  
PORT CHARLOTTE FL  
33981



TO OPEN: FOLD AND TEAR ALONG PERFORATION, THEN PULL APART. CR2E095 - 1st 10/05