

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90011 016 ***550.00

DOCUMENT # P98000027017

1. Entity Name
LAURA A. WEBER MENTAL HEALTH ASSOCIATES, P.A.



Principal Place of Business
**1948 EAST SUNRISE BLVD
STE 8
FORT LAUDERDALE, FL 33304 US**

Mailing Address
**1948 EAST SUNRISE BLVD
STE 8
FORT LAUDERDALE, FL 33304 US**

DO NOT WRITE IN THIS SPACE

02152004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0841342

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEBER, LAURA A
2612 N.E. 21ST TERRACE - 119 SOUTH BEAR POINTE
SUITE B - LAKE PLACID FL 33852
FORT LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEBER, LAURA A
STREET ADDRESS	2612 N.E. 21ST TERRACE, SUITE B - 119 SOUTH BEAR POINTE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308 LAKE PLACID, FL 33852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: LAURA A WEBER MSHMC **8/30/04 954 868 4852**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #