

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000048881

FILED
Apr 07, 2009
Secretary of State

Entity Name: LEWIS A. FABRICK, PH.D., P.A.

Current Principal Place of Business:

4723 B NW 53 AVE
GAINESVILLE, FL 32606

New Principal Place of Business:

4723 B NW 53 AVE
GAINESVILLE, FL 32653

Current Mailing Address:

4723 B NW 53 AVE
GAINESVILLE, FL 32606

New Mailing Address:

4723 B NW 53 AVE
GAINESVILLE, FL 32653

FEI Number: 59-3514078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FABRICK, LEWIS A
4723 B NW 53 AVE.
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

FABRICK, LEWIS A
4723 B NW 53 AVE.
GAINESVILLE, FL 32653 US

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: LEWIS A. FABRICK, PHD, LCSW

04/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FABRICK, LEWIS A PHD, PA
Address: 4723 B NW 53 AVE.
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FABRICK, LEWIS A PHD, PA
Address: 4723 B NW 53 AVE.
City-St-Zip: GAINESVILLE, FL 326053

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEWIS A. FABRICK

DR.

04/07/2009

Electronic Signature of Signing Officer or Director

Date