

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000007321

FILED  
Mar 27, 2009  
Secretary of State

**Entity Name:** FAMILY PSYCHOLOGICAL SERVICES OF PALM HARBOR, INC.

**Current Principal Place of Business:**

36362 U.S. 19TH NORTH  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

32196 U.S. 19TH NORTH SUITE A  
PALM HARBOR, FL 34684

**Current Mailing Address:**

36362 U.S. 19TH NORTH  
PALM HARBOR, FL 34684

**New Mailing Address:**

32196 U.S. 19TH NORTH SUITE A  
PALM HARBOR, FL 34684

**FEI Number:** 59-3556696

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSEN, ERIC L  
2358 LANDING WAY  
PALM HARBOR, FL 34684 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: PRES ( ) Delete  
Name: ROSEN, ERIC L  
Address: 2358 LANDING WAY  
City-St-Zip: PALM HARBOR, FL 34684

Title: VST ( ) Delete  
Name: ROSEN, BARBARA A  
Address: 2358 LANDING WAY  
City-St-Zip: PALM HARBOR, FL 34684

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** ERIC L. ROSEN PH.D

PRES

03/27/2009

Electronic Signature of Signing Officer or Director

Date