2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000080999

Entity Name: MICHAEL C. RIORDAN, PSY. D., P.A.

FORT PIERCE, FL 34949

City-St-Zip:

FILED Jan 17, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2107 S. 10TH STREET 2107 S. 10TH STREET FORT PIERCE, FL 34950 FORT PIERCE, FL 349505318 **Current Mailing Address: New Mailing Address:** P.O. BOX 3757 FORT PIERCE, FL 349483757 FEI Number: 65-0952338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RIORDAN, LUCY 213 MARINA DRIVE FORT PIERCE, FL 34949 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition RIORDAN, MICHAEL C PSYD Name: Name: 213 MARINA DR Address: Address: City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: Title: Title: () Change () Addition () Delete Name: RIORDAN, LUCY Name: 213 MARINA DR Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LUCY RIORDAN RA 01/17/2007