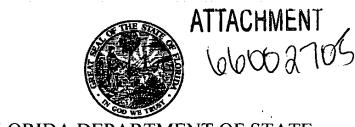
2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2006 8:00 am Secretary of State **DOCUMENT # V00566** 1. Entity Name 02-06-2006 90078 025 ***150.00 THOMAS E. PETIT, PHD, LMHC, P.A. Principal Place of Business Mailing Address 6465 1ST AVE SOUTH ST. PETERSBURG FL 33707 7910 IVYWOOD RD. LARGO FL 34647 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State 59-3097297 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETIT, THOMAS E. Street Address (P.O. Box Number is Not Acceptable) 7910 IVYWOOD RD. **LARGO FL 33777** City Zip Code 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 ag (NOTE: Registored Agent provalure retrured when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be - After May 1, 2006 Fee Will Be \$550.00 -Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Detete TITLE Change ☐ Addition PETIT, THOMAS E. NAME . NAME STREET ADDRESS 6465 1ST AVE S STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP . CITY - ST - ZEP Delete TITLE TITLE ☐ Change ■ Addrtion PETIT, RUTHIE NAME NAME STREET ADDRESS 6465 1ST AVE S STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-ZIP Delate ☐ Change IIILE ☐ Addition TILE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP. ☐ Deleta TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Change TITLE ☐ Defeta nne ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Delete THTLE Change Addition BILE MALEE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Irusee 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. 2/23/16 SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2006

THOMAS E. PETIT, PHD, LMHC, P.A. 7910 IVYWOOD RD. LARGO, FL 34647

Subject: THOMAS E. PETIT, PHD, LMHC, P.A.

Reference Number:

V00566

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION