

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V00591

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: FAMILY PSYCHOLOGY ASSOCIATES, INC.

## Current Principal Place of Business:

801 2ND ST. N.  
SUITE 7  
SAFETY HARBOR, FL 34695 US

## New Principal Place of Business:

## Current Mailing Address:

801 2ND ST. N.  
SUITE 7  
SAFETY HARBOR, FL 34695 US

## New Mailing Address:

FEI Number: 59-3097140

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEMOOR-PEAL, ROSE PH.D  
7018 PELICAN ISLAND DR.  
TAMPA, FL 33634 US

## Name and Address of New Registered Agent:

DEMOOR-PEAL, ROSE PH.D  
3079 LANDMARK BLVD.  
#1605  
PALM HARBOR, FL 34684 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:

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete  
Name: DEMOOR-PEAL, ROSE M PH.D.  
Address: 7018 PELICAN ISLAND DR.  
City-St-Zip: TAMPA, FL 33634

Title: DR. ( ) Delete  
Name: SMITH, MICHAEL T PH.D.  
Address: 1640 PARILLA CIRCLE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DR. ( ) Delete  
Name: GEORGE, JEFFREY PSY.D.  
Address: 1604 COUNTRY TRAILS DRIVE  
City-St-Zip: SAFETY HARBOR, FL 34695

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition  
Name: DEMOOR-PEAL, ROSE M PH.D.  
Address: 3079 LANDMARK BLVD., #1605  
City-St-Zip: PALM HARBOR, FL 34684

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: ROSE M. DEMOOR-PEAL

DR.

04/28/2009

Electronic Signature of Signing Officer or Director

Date