

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthern
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **V21400**

(9)

1. Corporation Name

EMILY D. SAMUELS, LCSW, P.A.

95 APR 24 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**977 RIVERSIDE DRIVE
APT. 226
CORAL SPRINGS FL 33071**

Mailing Address

**977 RIVERSIDE DRIVE
APT. 226
CORAL SPRINGS FL 33071**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/16/1992

3a. Date of Last Report

03/28/1994

4. FEI Number

65-0318682

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**SAMUELS, EMILY D
977 RIVERSIDE DR. #226
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

81 Name

EMILY D. SAMUELS

82 Street Address (P.O. Box Number is Not Acceptable)

977 RIVERSIDE DR. #226

83

84 City

CORAL SPRINGS

FL

85 Zip Code

33071

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Emily D. Samuels

EMILY D. SAMUELS

4/17/95

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
SAMUELS, EMILY D
977 RIVERSIDE DR #226
CORAL SPRINGS FL 33071**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

EMILY D. SAMUELS

☒ Change ☐ Addition

977 RIVERSIDE DR. #226

CORAL SPRINGS, FL 33071

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, on an attachment with an address.

SIGNATURE:

Emily D. Samuels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMILY D. SAMUELS

4/17/95

305/552-4471

DATE

Telephone #