
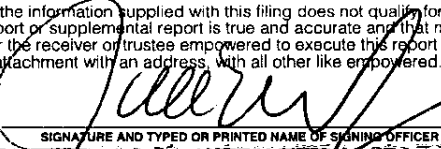


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90039 039 ***150.00

DOCUMENT # J36289 1. Entity Name PSYCH ASSOCIATES, INC.																																																																																																																																			
Principal Place of Business 100 NW 170 STREET 407 NORTH MIAMI BEACH, FL 33169 US			Mailing Address 100 NW 170 STREET 407 NORTH MIAMI BEACH, FL 33169 US																																																																																																																																
2. Principal Place of Business 20820 West Dixie Hwy Suite, Apt. #, etc.		3. Mailing Address 20820 West Dixie Hwy Suite, Apt. #, etc.																																																																																																																																	
City & State Miami FL		City & State Miami FL		4. FEI Number 59-2725118																																																																																																																															
Zip 33180		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent ESPINOSA, JUAN B. 100 NW 170 STREET 407 NORTH MIAMI BEACH, FL 33169																																																																																																																																			
7. Name and Address of New Registered Agent Name ESPINOSA, JUAN B Street Address (P.O. Box Number is Not Acceptable) 20820 West Dixie Hwy City Miami FL Zip Code 33180																																																																																																																																			
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 agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MD WORTHALTER, PAYSAF</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MD WORTHALTER, PAYSAF</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>WORTHALTER, PAYSAF</td> <td></td> <td>NAME</td> <td>WORTHALTER, PAYSAF</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>100 NW 170 ST #407</td> <td></td> <td>STREET ADDRESS</td> <td>20820 West Dixie Hwy</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>N MIAMI BCH, FL</td> <td></td> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33180</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD ESPINOSA, JUAN</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>MD ESPINOSA, JUAN</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ESPINOSA, JUAN</td> <td></td> <td>NAME</td> <td>ESPINOSA, JUAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>100 NW 170 ST #407</td> <td></td> <td>STREET ADDRESS</td> <td>20820 West Dixie Hwy</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NORTH MIAMI BEACH, FL</td> <td></td> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33180</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	MD WORTHALTER, PAYSAF	<input type="checkbox"/> Delete	TITLE	MD WORTHALTER, PAYSAF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	WORTHALTER, PAYSAF		NAME	WORTHALTER, PAYSAF		STREET ADDRESS	100 NW 170 ST #407		STREET ADDRESS	20820 West Dixie Hwy		CITY-ST-ZIP	N MIAMI BCH, FL		CITY-ST-ZIP	MIAMI, FL 33180		TITLE	PD ESPINOSA, JUAN	<input type="checkbox"/> Delete	TITLE	MD ESPINOSA, JUAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	ESPINOSA, JUAN		NAME	ESPINOSA, JUAN		STREET ADDRESS	100 NW 170 ST #407		STREET ADDRESS	20820 West Dixie Hwy		CITY-ST-ZIP	NORTH MIAMI BEACH, FL		CITY-ST-ZIP	MIAMI, FL 33180		TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee 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.																																																																																																																																			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____																																																																																																																																			