

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2000 08:00 AM**
Secretary of State**DOCUMENT # L14841****1. Entity Name**

WOODLAKE PSYCHOLOGICAL ASSOCIATES, P.A.

Principal Place of Business3900 WOODLAKE BLVD.
SUITE 211
GREENACRES
33463 US**Mailing Address**3900 WOODLAKE BLVD.
SUITE 211
GREENACRES
33463 US**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number**

65-0152745

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**BRYAN PAUL EPHD
1598 WINDSHIP CIRCLEWEST PALM BEACH FL
33414 US**7. Name and Address of New Registered Agent****Name****Street Address (P.O. Box Number is Not Acceptable)****City****FL****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.****SIGNATURE PAUL E. BRYAN, JR., PH.D.**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/28/2000

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)** ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution.** ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	☐ Delete
NAME	DIAZ RAUL PHD	
STREET ADDRESS	7384 ST ANDREWS RAOD	
CITY-ST-ZIP	LAKE WORTH FL 33467	

TITLE	D	☐ Delete
NAME	BRYAN PAUL EPHD	
STREET ADDRESS	1598 WINDSHIP CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE:** Paul Diaz, Ph.D.**D** 04/28/2000