2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # **L14841**

1. Entity Name
WOODLAKE PSYCHOLOGICAL ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
3900 WOODLAKE BLVD. SUITE 211 GREENACRES FL 33463 US	3900 WOODLAKE BLVD. SUITE 211 GREENACRES FL 33463 US

2. Principal Place of Business	3. Mailing Address
3865 10TH AVENUE, NORTH	3865 10TH AVENUE, NORTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE WORTH, FL	City & State: LAKE WORTH FL
Zip: 33461 Country: US	Zip: 33461 Country: US

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
BRYAN PAUL EPHD 1598 WINDSHIP CIRCLE WEST PALM BEACH FL 33414 US	Name: BRYAN PAUL EPHD Street Address (P.O. Box Number is Not Acceptable): 4550 BIDDEFORD AVENUE UNIT #38 City: WEST PALM BEACH **FL** Zip Code: 33417

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** 04/27/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ RAUL PHD 7384 ST ANDREWS RAOD LAKE WORTH FL 33467 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN PAUL EPHD 1598 WINDSHIP CIRCLE WEST PALM BEACH FL 33414 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN PAUL EPHD 4550 BIDDEFORD AVENUE, UNIT #38 WEST PALM BEACH FL 33417 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Raul Diaz D 04/27/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #