

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L14841

FILED
Apr 25, 2002 8:00 AM
Secretary of State

Entity Name: WOODLAKE PSYCHOLOGICAL ASSOCIATES, P.A.

Current Principal Place of Business:

3865 10TH AVENUE, NORTH
LAKE WORTH,, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

3865 10TH AVENUE, NORTH
LAKE WORTH, FL 33461 US

New Mailing Address:

FEI Number: 65-0152745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRYAN, PAUL E PHD
4550 BIDDEFORD AVENUE
UNIT #38
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRYAN, PAUL E PHD
Address: 4550 BIDDEFORD AVENUE, UNIT #38
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: DIAZ, RAUL PHD
Address: 7384 ST ANDREWS RAOD
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: PAUL E. BRYAN

DR.

04/25/2002

Electronic Signature of Signing Officer or Director

Date