2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001190

FILED Jan 08, 2004 Secretary of State

Entity Name: LAW-PSYCHOLOGY ASSOCIATION/SOUTH FLORIDA, INC.

Current Principal Place of Business:		New Prince	New Principal Place of Business:		
450 HOLLYWO	OD BLVD.				
:UITE 601 IOLLYWOOD, F	I 33020				
urrent Mailing		Now Maili	ng Address:		
urrent manning	Audress.	New Main	ing Address.		
450 HOLLYWO UITE 601 OLLYWOOD, F					
El Number:	FEI Number Applied For ()	FEI Number Not App	licable (X)	Certificate of Status Desired (()
ame and Addre	ess of Current Registered Agent:	Name and	Address of	New Registered Agent:	
ARTMAN, PAU					
	DD BOULEVARD				
JITE 601					
UITE 601 OLLYWOOD, F ne above named	L 33020 d entity submits this statement for the p	ourpose of changing	its registered	office or registered agent, or	r both
JITE 601 OLLYWOOD, F ne above named the State of Flo	L 33020 d entity submits this statement for the p	ourpose of changing	its registered	office or registered agent, or	r both
JITE 601 OLLYWOOD, F ne above named the State of Flo GNATURE:	L 33020 d entity submits this statement for the p		its registered	office or registered agent, or Date	r both
UITE 601 OLLYWOOD, F he above named the State of Flo	L 33020 d entity submits this statement for the prida. Electronic Signature of Registered Ag	ent			
JITE 601 OLLYWOOD, F ne above named the State of Flo GNATURE: FFICERS AND	L 33020 d entity submits this statement for the prida. Electronic Signature of Registered Ag	ent	NS/CHANGES	Date	
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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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL G. HARTMAN DR. 01/08/2004