2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# N05000001052

Entity Name: TAMAR PSYCHOLOGICAL SERVICES, INC.

Current Principal Place of Business:

6614 SW 128 CT
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

6614 SW 128 CT
MIAMI, FL 33183

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REYES, MERCEDES S
6614 SW 128 CT
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

REYES, MERCEDES S PSYD
6614 SW 128 CT
MIAMI, FL 33183 US

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: MERCEDES S. REYES 04/20/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: REYES, MERCEDES S PSYD
Address: 6614 SW 128 CT
City-St-Zip: MIAMI, FL 33183

Title: DV ( ) Delete
Name: OJEDA, ANA M M S ED
Address: 2820 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33173

Title: DT ( ) Delete
Name: TOBAN, ADRIANA M M S W
Address: 6666 S.W. 115 CT #401
City-St-Zip: MIAMI, FL 33129

Title: DS ( ) Delete
Name: GARCIA, MARIA M M S ED
Address: 6666 S.W. 115 CT #401
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete
Name: GARRARD, LESILIE A PSY D
Address: 1111 BRICKELL BAY DR #3004
City-St-Zip: MIAMI, FL 33131

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change ( ) Addition
Name: OJEDA, ANA M M.S.ED.
Address: 2820 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: DT (X) Change ( ) Addition
Name: TOBON, ADRIANA M M.S.W.
Address: 6666 S.W. 115 CT. #401
City-St-Zip: MIAMI, FL 33129

Title: DS (X) Change ( ) Addition
Name: GARCIA-MELLA CID, MARIA M M.S.ED.
Address: 20185 E. COUNTRY CLUD DR. #504
City-St-Zip: AVENTURA, FL 33180

Title: D (X) Change ( ) Addition
Name: GARRARD, LESLIE A PSY.D.
Address: 1111 BRICKELL BAY DR. #3004
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Change (X) Addition
Name: GONZALEZ, ANGELICA M M.S.ED.
Address: 340 GIRALDA AVE. #718
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MERCEDES S REYES DP 04/20/2006
Electronic Signature of Signing Officer or Director Date