2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2005
Secretary of State

DOCUMENT# P03000043489

Entity Name: GALIT SHALOM, PSY. D., P.A.

Current Principal Place of Business:

350 CAMINO GARDENS BLVD, SUITE 301
HOLLYWOOD, FL 33027

New Principal Place of Business:

350 CAMINO GARDENS BLVD, SUITE 301
BOCA RATON, FL 33432

Current Mailing Address:

16493 SW 27 ST.
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 14-1881332 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHALOM, GALIT PSY. D
SILVER ISLES 16493 SW 27 STREET
MIRAMAR, FL 33027 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SHALOM, GALIT PSY. D.
Address: 16493 SW 27 STREET
City-St-Zip: MIRAMAR, FL 33027

Title: D ( ) Delete
Name: SHALOM, MOSHE
Address: 16493 SW 27 STREET
City-St-Zip: MIRAMAR, FL 33027

Title: S (X) Delete
Name: SEGEDI, ANITA
Address: 2404 SW 14TH PLACE
City-St-Zip: POMPANO BEACH, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GALIT SHALOM, PSY.D. AND MOSHE SHALOM DR. 01/22/2005
Electronic Signature of Signing Officer or Director — Date