


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90510 021 \*\*\*150.00

**DOCUMENT # P03000063111**

1. Entity Name  
**SANDRA COIFFMAN-YOHROS, PSY.D., P.A.**



Principal Place of Business <b>16300 NE 19TH AVENUE          233          N. MIAMI BEACH, FL 33162 US</b>	Mailing Address <b>100 N. BISCAYNE BLVD          700          MIAMI, FL 33132 US</b>
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**54040280**



2. Principal Place of Business <b>1380 NE MIAMI GARDENS DR.</b>	3. Mailing Address <b>DR.</b>
Suite, Apt. #, etc. <b>142</b>	Suite, Apt. #, etc.

01052004 Chg-P CR2E034 (10/03)

City & State <b>NORTH MIAMI BEACH, FL</b>	City & State	4. FEI Number <b>36-4533033</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33179</b>	Country <b>USA</b>	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**FILLOY, JOSEPH M  
 100 N. BISCAYNE BLVD  
 700  
 MIAMI, FL 33132**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE P <input type="checkbox"/> Delete	NAME <b>COIFFMAN-YOHROS, SANDRA</b>
STREET ADDRESS <b>16300 NE 19TH AVENUE, SUITE 233</b>	
CITY-ST-ZIP <b>N. MIAMI BEACH, FL 33162</b>	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/20/04** **303 9338850**  
 Date Daytime Phone #