


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90051 019 ***150.00

DOCUMENT # P03000063111

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



Principal Place of Business
 1380 NE MIAMI GARDENS DR., #142
 NORTH MIAMI BEACH, FL 33179 US

Mailing Address
 100 N. BISCAYNE BLVD
 700
 MIAMI, FL 33132 US

2. Principal Place of Business
2121 Ponce de Leon Blvd.

3. Mailing Address
2121 Ponce de Leon Blvd.

Suite, Apt. #, etc.
1050

Suite, Apt. #, etc.
1050

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

Zip
33134

Country

Zip
33134

Country



01092006 Chg-P CR2E034 (11/05)

4. FEI Number
 36-4533233

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FILLOY, JOSEPH M
 100 N. BISCAYNE BLVD, SUITE 700
 ***** (DECEASED 8/5/05) *****
 MIAMI, FL 33132

7. Name and Address of New Registered Agent

Name *JOHN M. STANISE*

Street Address (P.O. Box Number is Not Acceptable)
100 N. BISCAYNE BLVD.

SUITE 700

City *MIAMI* FL Zip Code *33132*

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 *[Signature]* DATE *1/9/06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COIFFMAN-YOHROS, SANDRA 16380 NE 19TH AVENUE, SUITE 200 N MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>2121 Ponce de Leon Blvd. #1050</i> <i>CORAL GABLES, FL 33134</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]* DATE *1/9/06* DAYTIME PHONE # *3052050346*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR