## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000022149

Entity Name: DOYOLLODIIONG AFFILIATE

1380 MIAMI GARDENS DR, STE 165

MIAMI, FL 33179

Address:

City-St-Zip:

FILED Apr 29, 2004 Secretary of State

Entity Name: PSYCHOPTIONS AFFILIATES, INC. **Current Principal Place of Business: New Principal Place of Business:** 1380 MIAMI GARDENS DRIVE STE 165 MIAMI, FL 33179 **New Mailing Address: Current Mailing Address:** 1380 MIAMI GARDENS DRIVE STE 165 MIAMI, FL 33179 FEI Number: 65-0650648 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KLEINMAN, AMY 1380 MIAMI GARDENS DRIVE, STE 165 MIAMI, FL 33179 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LOUGACHI, BERYL Name: Name: 1380 MIAMI GARDENS DRIVE, STE 165 Address: Address: City-St-Zip: MIAMI, FL 33179 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: KLEINMAN, AMY 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: AMY KLEINMAN D 04/29/2004