

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000022149

FILED
Apr 30, 2003
Secretary of State

Entity Name: PSYCHOPTIONS AFFILIATES, INC.

Current Principal Place of Business:

1380 MIAMI GARDENS DRIVE
STE 165
MIAMI, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

1380 MIAMI GARDENS DRIVE
STE 165
MIAMI, FL 33179 US

New Mailing Address:

FEI Number: 65-0650648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEINMAN, AMY
1380 MIAMI GARDENS DRIVE, STE 165
MIAMI, FL 33179 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: PD () Delete
Name: LOUGACHI, BERYL
Address: 1380 MIAMI GARDENS DRIVE, STE 165
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: KLEINMAN, AMY
Address: 1380 MIAMI GARDENS DR, STE 165
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BERYL LOUGACHI

D

04/30/2003

Electronic Signature of Signing Officer or Director

Date