

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90106 028 ***150.00

DOCUMENT # S16505

1. Entity Name
CENTER FOR DIAGNOSTIC AND PSYCHOLOGICAL SERVICES

Principal Place of Business Mailing Address
8405 NW 53ST STE. A108 8405 NW 53ST STE. A108
MIAMI FL 33166 MIAMI FL 33166

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0228250** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENA-GARCIA, IBIS, PSY.D.
8405 NW 53RD ST. STE. A-108
~~STEP 2005~~
MIAMI FL 33166

Name **PENA-GARCIA IBIS, Psy.D.**
 Street Address (P.O. Box Number is Not Acceptable)
8405 NW 53 ST. STE A108
 City **MIAMI** FL Zip Code **33166**

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.

SIGNATURE *Peter Garcia Psy.D.* **3/31/01**
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE
IBIS PENA GARCIA, Psy. D. PRESIDENT

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE	NAME	TITLE	NAME
PD	GARCIA, IBIS PENA		
7921 SW 13 TER	MIAMI FL		
VP	GARCIA, NELSON		
7921 SW 13 TER	MIAMI FL		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *IBIS PENA GARCIA, Psy. D. PRESIDENT* **3/31/01** **(305) 594-2111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)