

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S16505

FILED
Mar 29, 2004
Secretary of State

Entity Name: CENTER FOR DIAGNOSTIC AND PSYCHOLOGICAL SERVICES, INC.

Current Principal Place of Business:

8405 NW 53ST STE. A108
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8405 NW 53ST STE. A108
MIAMI, FL 33166

New Mailing Address:

FEI Number: 65-0228250 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

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: GARCIA, IBIS PENA,
Address: 7921 SW 13 TER
City-St-Zip: MIAMI, FL

Title: VP () Delete
Name: GARCIA, NELSON,
Address: 7921 SW 13 TER
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GARCIA, IBIS PENA,
Address: 7921 SW 13 TER
City-St-Zip: MIAMI, FL 33144

Title: VP (X) Change () Addition
Name: GARCIA, NELSON,
Address: 7921 SW 13 TER
City-St-Zip: MIAMI, FL 33144

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: IBIS PENA-GARCIA, PSY.D.

PD

03/29/2004

Electronic Signature of Signing Officer or Director

_____ Date