2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004
Secretary of State

DOCUMENT# P01000103310

Entity Name: WESTON PSYCHCARE, P.A.

Current Principal Place of Business:

1730 MAIN STREET
SUITE 220
WESTON, FL 33326

New Principal Place of Business:

2771 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

Current Mailing Address:

1730 MAIN STREET
SUITE 220
WESTON, FL 33326

New Mailing Address:

2771 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

FEI Number: 36-4480398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GROBMAN, SETH L
1730 MAIN STREET
SUITE 220
WESTON, FL 33326

Name and Address of New Registered Agent:

GROBMAN, SETH L
2771 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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: SETH GROBMAN 01/20/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GROBMAN, SETH L
Address: 1730 MAIN STREET
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete
Name: GROBMAN, FAITH C
Address: 1730 MAIN STREET
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GROBMAN, SETH L
Address: 2771 EXECUTIVE PARK DRIVE, SUITE 4
City-St-Zip: WESTON, FL 33331

Title: D (X) Change ( ) Addition
Name: GROBMAN, FAITH C
Address: 2771 EXECUTIVE PARK DRIVE, SUITE 4
City-St-Zip: WESTON, FL 33331

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: SETH GROBMAN DR 01/20/2004
Electronic Signature of Signing Officer or Director Date