## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 556961



**FILED** Feb 27, 2003 8:00 am Secretary of State

SIDNEY	yanne 7 J. Merin Phd, Clinical Psyc Onal Association	HOLOGIST-PRO	OFE		02-27-2003 90136 048 ***150.0	<b>)</b> 0	
OLOGIST-PI 3703 SWAN TAMPA FL	ROFESSIONAL ASSOCIATION IN AVENUE 33609	Mailing Address DLOGIST-PROFESSIONA 3703 SWANN AVENUE FAMPA FL 33609 Mailing Address	AL ASSOCIATION				
370 Suite, A	3 Swant Ave 3 pt. #, etc.		dua A	ve.	☐ CHECK HERE IF MAKING CHANGES	<b>  </b>	
	tate My FI	City & State	FI.		1 Ja Iumuan	olied For	
336		3609	Country VFillshore	nels	5. Certificate of Status Desired S8.75 Addit Fee Required	Applicable tional	
	6. Name and Address of Current Regi	stered Agent			7. Name and Address of New Registered Agent		
MERIN, S	SIDNEY J.		Name	•			
3703 SW	3703 SWANN AVENUE TAMPA FL 33609				Street Address (P.O. Box Number is Not Acceptable)		
}	2 00003		City		<b>□</b> Zip Code		
8. The above	ve named entity submits this statement for the	Durpose of changing its	s registered office	or societe	FL Zip Code and agent, or both, in the State of Florida. I am familiar with, ar		
SIGNATURE	Signature, typed or printed name of registered agent and title FILE NOW!!! FEE IS \$150.00	f applicable. (NOT	TE: Registered Agent sign	w beriuper eruta			
Make Chec	er May 1, 2003 Fee will be \$550.00 ck Payable to Florida Department of State	i			9. Election Campaign Financing Trust Fund Contribution.   \$5.00 Added to	May Be Fees	
10.	OFFICERS AND DIRECT		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	N 11	
NAME	MERIN, SIDNEY J. 4509 SAN RAFAEL TAMPA FL 33629	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Addition Addition	
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12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 6

JIRSIDNEY J. MERIN, PRESIDENT

813-871-5220

Daytime Phone #