

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91631 008 ****61.25

DOCUMENT # 718621
 1. Entity Name
DADE COUNTY PSYCHOLOGICAL ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O JAMES PANN, PH.D. **C/O JAMES PANN, PH.D.**
1935 PARK AVE #11 **1935 PARK AVE #11**
MIAMI BEACH FL 33139 **MIAMI BEACH FL 33139**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **52-1252314** Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
BLUM, W. BARRY
200 BISCAYNE BLVD
STE 3150
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 (NOTE: Registered Agent signature required when reinstating) DATE **5/1/02**

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PE	<input type="checkbox"/> Delete
NAME	ZAİK, ELBERT	
STREET ADDRESS	9150 SW 87TH AVE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRESCOTT, JEAN	
STREET ADDRESS	4300 ALTON ROAD STE 360	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SILVERMAN, WADE	
STREET ADDRESS	1390 S. DIXIE HWY. #2222	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	IPP	<input type="checkbox"/> Delete
NAME	FRUMKIN, BRUCE	
STREET ADDRESS	7241 SW 63RD AVE #203-A	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PANN, JAMES	
STREET ADDRESS	1935 PARK AVE #11	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** DATE: **5/1/02** **305-495-9355**

CR2E037 (9/01)