

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718621

FILED
Feb 20, 2007
Secretary of State

Entity Name: DADE COUNTY PSYCHOLOGICAL ASSOCIATION, INC.

Current Principal Place of Business:

7805 CORAL WAY
#118
MIAMI, FL 331556539 US

New Principal Place of Business:

5460 EAST 8TH AVENUE
HIALEAH, FL 33013 US

Current Mailing Address:

7805 CORAL WAY
#118
MIAMI, FL 331556539 US

New Mailing Address:

5460 EAST 8TH AVENUE
HIALEAH, FL 33013 US

FEI Number: 52-1252314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DADE-MONROE CHAPTER FL PSYCHOLOGICAL ASSN
7805 CORAL WAY
118
MIAMI, FL 331556539 US

Name and Address of New Registered Agent:

DADE-MONROE CHAPTER FL PSYCHOLOGICAL ASSN
5460 EAST 8TH AVENUE
HIALEAH, FL 33013 US

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:

02/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: GARCIA, LAZARO DR.
Address: 7805 CORAL WAY #118
City-St-Zip: MIAMI, FL 331556539 US

Title: BR () Delete
Name: SILVERMAN, WADE
Address: 1390 S. DIXIE HWY. #2222
City-St-Zip: CORAL GABLES, FL 33146

Title: BR () Delete
Name: RODRIGUEZ, LUIS J
Address: 1424 ORTEGA AVE
City-St-Zip: MIAMI, FL 331342252 US

Title: TREA () Delete
Name: CARELLA, SAMANTHA E
Address: 1390 S. DIXIE HWY #1305
City-St-Zip: CORAL GABLES, FL 331460000 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GARCIA, MANOLO DR.
Address: 5460 EAST 8TH AVENUE
City-St-Zip: HIALEAH, FL 33013 US

Title: DR (X) Change () Addition
Name: SILVERMAN, WADE
Address: 1390 S. DIXIE HWY. #2222
City-St-Zip: CORAL GABLES, FL 33146

Title: DR (X) Change () Addition
Name: RODRIGUEZ, LUIS J
Address: 1424 ORTEGA AVE
City-St-Zip: MIAMI, FL 331342252 US

Title: TREA (X) Change () Addition
Name: CARELLA, SAMANTHA E DR
Address: 1390 S. DIXIE HWY #1305
City-St-Zip: CORAL GABLES, FL 331460000 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMANTHA CARELLA

DR

02/20/2007

Electronic Signature of Signing Officer or Director

Date