

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J07700

FILED
Apr 01, 2008
Secretary of State

Entity Name: AFFILIATED HEALTH PSYCHOLOGISTS, P.A.

Current Principal Place of Business:

6821 SOUTHPOINT DR, N
SUITE 204
JACKSONVILLE, FL 32216 US

Current Mailing Address:

6821 SOUTHPOINT DR, N
SUITE 204
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

14011 BEACH BOULEVARD
SUITE 100
JACKSONVILLE, FL 32250 US

New Mailing Address:

14011 BEACH BOULEVARD
SUITE 100
JACKSONVILLE, FL 32250 US

FEI Number: 59-2651126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLD, KATHLEEN H
ONE INDEPENDENT DR.
STE. 2301
JACKSONVILLE, FL 32202 US

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: KRIMSKY, EILEEN,
Address: 6821 SOUTHPOINT DR N, STE 204
City-St-Zip: JACKSONVILLE, FL 32216

Title: VD () Delete
Name: MORELAND, JOHN,
Address: 6821 SOUTHPOINT DR N, STE 204
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KRIMSKY, EILEEN,
Address: 14011 BEACH BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32250

Title: VD (X) Change () Addition
Name: MORELAND, JOHN,
Address: 14011 BEACH BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32250

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EILEEN KRIMSKY

PD

04/01/2008

Electronic Signature of Signing Officer or Director

Date