



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # J61718 1. Entity Name PSYCHOTHERAPY, INC.			
Principal Place of Business 7522 WILES ROAD, STE. 212 CORAL SPRINGS, FL 33067		Mailing Address 7522 WILES ROAD, STE. 212 CORAL SPRINGS, FL 33067	
DO NOT WRITE IN THIS SPACE			
		02082004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2785188	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLFSON, ANDREA 4491 S. STATE ROAD SEVEN SUITE 314 DAVIE, FL 33314		DO NOT WRITE IN THIS SPACE	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000117039 04/19/04-80003-023 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLFSON, DOROTHY 7522 WILES ROAD, STE. 212 CORAL SPRINGS, FL 33067		
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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)(f), 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 607, 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:  DOROTHY WOLFSON 4/14/04 954-753-6322		Date Daytime Phone #	