


FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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FILED
03 SEP 30 AM 9 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **561918**

1. Entity Name
PsychoTherapy INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7522 Wiles Rd Suite, Apt. #, etc. STE 212 City & State CORAL SPRINGS FL	3. Mailing Address 7522 Wiles Rd Suite, Apt. #, etc. STE 212 City & State CORAL SPRINGS FL
Zip 33067 Country USA	Zip 33067 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2785188 Applied For
Not Applicable

5. Certificate of Status Desired **\$6.75** Additional
Fees Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
ANDREA WOLFSON

Street Address (P.O. Box Number is Not Acceptable)
4491 S STATE RD SEVEN

SUITE 314

City
DAVIE FL Zip Code
33319

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$500.00
Amended UBR is \$81.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE PO NAME DOROTHY WOLFSON STREET ADDRESS 7522 Wiles Rd CITY - ST - ZIP CORAL SPRINGS FL 33067	TITLE 900023446479 NAME 09/30/03--01066--007 **150.00 STREET ADDRESS CITY - ST - ZIP
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CR25048 (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *X. Dorothy Wolfson*

Date **9/18/03**

Daytime Phone # _____

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PSYCHOTHERAPY, INC
7522 WILES RD SUITE 212
CORAL SPRINGS, FL 33067
954-753-6322

September 18, 2003

Dear Sir or Madam:

Our accountant informed me that the 2003 Uniformed Business Report was not filed. My office did not receive the form to file. Enclosed is a completed form and a check for \$ 150.00. Please accept the form and payment as a timely filing. My office has a common Address for several businesses and it is a possibility that someone else picked up the form in error.

Thank you for your cooperation in this matter,

Dorothy Wolfson