## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

K09063



**FILED** Apr 08, 2003 8:00 am § Secretary of State

CENTER FOR PSYCHOLOGICAL SERVICES, INC.							144	04-08-2003 90088 042 ****150.00									
CENTER	run rəi	rcholodica	L SERVICES	o, IINO.													
Principal Plac	e of Busines	s	Mailin	g Address													
1726 KINGSLEY AVE #2			1726	1726 KINGSLEY AVE #2							•						
P.O. BOX 1556			P.O. BOX 1556														
ORANGE PAR	K FL 32073	· .**	ORAN	IGE PARK FL 32073	3												
2. Principal Place of Business			3. Mai	3. Mailing Address													
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES								_	
City & State			City	City & State			4.	4. FEI Number 59-2862375					Applied For Not Applicable				
Zip	Zip Country		Zip	Zip Cour		ntry	5.	5. Certificate of Status Desired   \$8.75 Addition Fee Required									
<del></del>	- 6. Name	and Address of C	urrent Registere	d Agent		حر بهمونتهما	7.	.≺Nam	e and Ad	dress c	1 New I	Registe	red Ag	ent			
	, KEITH R					Name Street A	Keιτ address (P.O.						TO				
2806 SOL JACKSON	IVILLE BCH	FL 32250		•			4256 WICKS BrANCH Rd.  CityST. AUGUSTINE FL ZigCode 86										
						City	r. Auc	ي راد	TINE	,			FL	Zip Coc	<b>ව්</b> 8ර		
the obligate	tions of regist	lered agent.		•													
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12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: )



904269-6677