2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# K33997

Entity Name: SOUTH FLORIDA PSYCHOLOGICAL SERVICES, INC.

Current Principal Place of Business:

975 ARTHUR GODFREY ROAD
SUITE 303
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

15610 BULL RUN
K-716
HIALEAH, FL 33014 US

New Mailing Address:

2950 N.E. 190 STREET
117
AVENTURA, FL 33180 US

FEI Number: 65-0290472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSKOWITZ, THOMAS B
15610 BULL RUN RD K-716
HIALEAH, FL 33014 US

Name and Address of New Registered Agent:

MOSKOWITZ, THOMAS B
2950 N.E. 190 STREET
117
AVENTURA, FL 33180 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: _____ 01/05/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MOSKOWITZ, THOMAS B
Address: 15610 BULL RUN RD K-716
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MOSKOWITZ, THOMAS B
Address: 2950 N.E. 190 ST., #117
City-St-Zip: AVENTURA, FL 33180 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS B. MOSKOWITZ DIR. 01/05/2005
Electronic Signature of Signing Officer or Director — Date