

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # K33997

1. Entity Name
SOUTH FLORIDA PSYCHOLOGICAL SERVICES, INC.



Principal Place of Business
**975 ARTHUR GODFREY ROAD
SUITE 303
MIAMI BEACH, FL 33140 US**

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



03122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0290472	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOSKOWITZ, THOMAS B
2950 N.E. 190 STREET
117
AVENTURA, FL 33180**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOSKOWITZ, THOMAS B
STREET ADDRESS	2950 N.E. 190 ST., #117
CITY - ST - ZIP	AVENTURA, FL 33180

TITLE	
NAME	
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CITY - ST - ZIP	

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04/02/08-80014-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas B. Moskowitz
03/12/08 305-389-6853

Date

Daytime Phone #