

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90483 048 ***150.00

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

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2. Principal Place of Business

3. Mailing Address

15610 Bull Run Road

Suite, Apt. #, etc.

K-716

City & State
MIAMI LAKES, FL

Zip
33014

Country
USA

4. FEI Number **65-0290472**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOSKOWITZ, THOMAS B.
5730 ALTON RD.
MIAMI BCH. FL 33140**

Name
Moskowitz, Thomas B.

Street Address (P.O. Box Number is Not Acceptable)

15610 Bull Run Rd, # K-716

City
Miami Lakes FL Zip Code
33014

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

04-17-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MOSKOWITZ, THOMAS B. 5730 ALTON RD. MIAMI BCH. FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Name/Title <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15610 Bull Run Rd, # K-716 Miami Lakes, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-03

Date

(305) 945-9191

Daytime Phone #

CR2E034 (10/02)