

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K67640

FILED
Jan 17, 2005
Secretary of State

Entity Name: PEVSNER PSYCHOLOGICAL & BEHAVIORAL ASSOCIATES, P.A.

Current Principal Place of Business:

4475 MEDICAL CENTER WAY
SUITE 2
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

2500 METROCENTRE BLVD.
SUITE 6
WEST PALM BEACH, FL 33407 US

Current Mailing Address:

301 DE SOTO ST
SUITE 1
HOLLYWOOD, FL 33019 US

New Mailing Address:

FEI Number: 65-0101768 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PEVSNER, RAMSEY
301 DESOTO ST SUITE 1
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PEVSNER, RAMSEY,
Address: 4475 MEDICAL CENTER WAY
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PEVSNER, RAMSEY,
Address: 2500 METROCENTRE BLVD, SUITE 6
City-St-Zip: WEST PALM BEACH, FL 33407

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: RAMSEY PEVSNER

DR

01/17/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date