

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K94294

FILED
Jan 14, 2009
Secretary of State

Entity Name: PALMWOOD CENTER FOR PSYCHOLOGICAL SERVICES, P.A.

Current Principal Place of Business:

8890 W. OAKLAND PK, BLVD
#103
SUNRISE, FL 33351 US

Current Mailing Address:

8890 W. OAKLAND PK, BLVD
#103
SUNRISE, FL 33351 US

FEI Number: 65-0122325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

8890 WEST OAKLAND PARK BLVD.
SUITE #103
SUNRISE, FL 33351 US

New Mailing Address:

8890 WEST OAKLAND PARK BLVD.
SUITE #103
SUNRISE, FL 33351 US

Name and Address of Current Registered Agent:

ROTH, ALEC DR
8890 W. OAKLAND PK. BLVD.
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

ALEC, ALEC R
8890 WEST OAKLAND PARK BLVD.
SUITE #103
SUNRISE, FL 33351 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: ALEC ROTH

01/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: GRAY, MARLENE
Address: 8890 W. OAKLAND PARK BLVD., #103
City-St-Zip: SUNRISE, FL 33351

Title: DR () Delete
Name: ROTH, ALEC
Address: 8890 W. OAKLAND PARK BLVD., #103
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: ROTH, ALEC
Address: 8890 WEST OAKLAND PARK BLVD. SUITE #103
City-St-Zip: SUNRISE, FL 33351

Title: DR (X) Change () Addition
Name: GRAY, MARLENE
Address: 8890 WEST OAKLAND PARK BLVD. SUITE #103
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALEC ROTH

DR

01/14/2009

Electronic Signature of Signing Officer or Director

Date