

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K94294

FILED
Jan 03, 2012
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0122325 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DR
Name: ROTH, ALEC
Address: 8890 WEST OAKLAND PARK BLVD
City-St-Zip: SUNRISE, FL 33351

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

I hereby 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 all other like empowered.

SIGNATURE: ALEC ROTH

_____ Electronic Signature of Signing Officer or Director

DR.

01/03/2012

_____ Date