
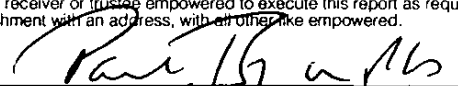


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90040 050 ***150.00

DOCUMENT # L14841 1. Entity Name WOODLAKE PSYCHOLOGICAL ASSOCIATES, P.A.			
Principal Place of Business 3865 10TH AVENUE, NORTH LAKE WORTH, FL 33461 US		Mailing Address 3865 10TH AVENUE, NORTH LAKE WORTH, FL 33461 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 3865 10th Avenue, North Suite, Apt. #, etc.	
City & State Palm Spring, FL Zip Country		City & State Palm Spring, FL Zip Country	
4. FEI Number 65-0152745		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 BRYAN, PAUL E PHD 4550 BIDDEFORD AVENUE UNIT #38 WEST PALM BEACH, FL 33417		7. Name and Address of New Registered Agent Name Bryan Jr, Paul E. Ph.D. Street Address (P.O. Box Number is Not Acceptable) 21392 Town Lakes Drive Apt. 1022 City Boca Raton FL Zip Code 33486	
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 _____ DATE 7/19/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN, PAUL E PHD 4550 BIDDEFORD AVENUE, UNIT #38 WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bryan, Jr, Paul E Ph.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21392 Town Lakes Drive Apt. 1022 Boca Raton FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, RAUL PHD 7384 ST ANDREWS RAOD LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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: 		7/19/07 (561) 966 8423	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	