

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
Jun 13, 2008 08:00 AM
Secretary of State



04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0152745

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KELLEY, CRAIG I ESQ
1665 PALM BEACH LAKES BLVD
STE 1000
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME BRYAN, JR, PAUL E PHD
STREET ADDRESS 21392 TOWN CENTER LAKE DR APT 1022
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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06/13/08-80003-008 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #