

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L22898

FILED  
Jan 31, 2006  
Secretary of State

Entity Name: UNIVERSITY FAMILY SERVICES, P.A.

**Current Principal Place of Business:**

300 SOUTH PINE ISLAND RD  
SUITE 247  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

300 SOUTH PINE ISLAND RD  
SUITE 247  
PLANTATION, FL 33324 US

**New Mailing Address:**

FEI Number: 65-0158069      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KRINSKI, CECILE  
300 SOUTH PINE ISLAND RD  
SUITE #247  
PLANTATION, FL 33324 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: PSTD ( ) Delete  
Name: KRINSKI, CECILE  
Address: 300 SOUTH PINE ISLAND RD, SUITE 247  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CECILE KRINSKI

PSTD

01/31/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date