

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90038 049 \*\*\*150.00

**DOCUMENT # L73553**

1. Entity Name

**CORAL SPRINGS PSYCHOTHERAPY SERVICES, INC.**

Principal Place of Business

Mailing Address

3575 BROKEN WOODS DR SUITE 906  
 CORAL SPRINGS FL 33065

3575 BROKEN WOODS DR SUITE 906  
 CORAL SPRINGS FL 33065-1681

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0201681**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OSINSKI, VAL L.**  
**9720 W SAMPLE RD**  
**CORAL SPRINGS FL 33065**

Name **OSINSKI, VAL L.**  
 Street Address (P.O. Box Number is Not Acceptable)

**9836 W. Sample Rd.**

City **CORAL Springs** FL Zip Code **33065**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DV**  Delete  
 NAME **SKELTON, PATRICIA J/**  
 STREET ADDRESS **10661 N.W. 16TH CT.**  
 CITY-ST-ZIP **CORAL SPGS. FL**

TITLE  Change  Additor  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DST**  Delete  
 NAME **JONES, ROBERTA**  
 STREET ADDRESS **3575 BROKEN WOODS DR 906**  
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE  Change  Additor  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **JONES, ASA W**  
 STREET ADDRESS **3575 BROKEN WOODS DR #906**  
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE  Change  Additor  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Additor  
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TITLE  Change  Additor  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*ASA W. Jones* **REQUIRED** President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/00**

Date

**959-345-7939**

Daytime Phone #