2008 FOR PROFIT CORPORATION

FILED May 01. 2008 08:00 AN ate

| ANNUAL KEPOKI | | | | Wiay 01, 2000 00.0 | | | |
|--|--|---|---------------------------------------|--|--------------------------|------------------|----------------------------|
| DOCUMENT # M50886 | | | | | 2 | Secreta | ry of Sta |
| 1. Entity Name MIAMI PSYCHOLOGICAL & BEHAVIORAL CENTER INC. | | | | | | | |
| % LAZARO GARCIA 7805 CORAL WAY, SUITE 118 | | Mailing Address % LAZARO GARCIA 7805 CORAL WAY, SUITE 118 MIAMI, FL 33155 | |] | | | |
| | | | | 04292008 | No Chg-P | CR2E034 (| |
| | O NOT WRITE | IN THIS SPA | CE | 4. FEI Number 59-2806 | | | Applied For Not Applicable |
| 1 - 4 | | • | | 5. Certificate o | Status Desired | | 75 Additional Required |
| GARCIA, I 7805 COR SUITE 118 MIAMI, FL | AL WAY 3 | gistered Agent | | that the second of | NOT W HIS SP | - 176 | |
| | named entity submits this statement for tilions of registered agent. | he purpose of changing its register | l ed office or register | red agent, or both | in the State of Flor | ida. I am famili | ar with, and accept |
| SIGNATURE. | ions or registered agent. | | | | | | |
| | Signature typed or printed name of registered again and | ritile if applicable (NOTE: Registere | d Agent signature required | twhen reinstating) | <u></u> | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution | | | · · · · · · · · · · · · · · · · · · · | .00 May Be ed to Fees | Unnand | <u> 940266</u> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DI D GARCIA, LAZARO 7805 CORAL WAY #118 MIAMI, FL | RECTORS | | ATT PER LA | | | 3 150.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | in the second second | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | NOT W | | |
| NAME STREET ADDRESS City-ST-ZIP | | | , , , , , , , , , , , , , , , , , , , | N.T | HIS SP | ACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | · · · · · · · · · · · · · · · · · · · | A Property of the second | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |

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 extractment with an address, with all other tike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR