


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000002291

1. Entity Name
FLORIDA PSYCHED, INC..



Principal Place of Business 529 NW 60TH ST GAINESVILLE, FL 32607	Mailing Address 529 NW 60TH ST GAINESVILLE, FL 32607
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DO NOT WRITE IN THIS SPACE



06302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3736696	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

**SARKIS, ELIAS
 529 NW 60TH ST
 GAINESVILLE, FL 32607**

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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: *Stephanie Sarkis* DATE: *July 1, 2004*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SARKIS, ELIAS 529 NW 60TH ST GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SARKIS, STEPHANIE 529 NW 60TH ST GAINESVILLE, FL 32607
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100000169503
 08/06/04-80003-022 61.25

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12. 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 617, 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: *Stephanie Sarkis* DATE: *July 1, 2004* ⁷⁵² *331 5100*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #