

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000005079

FILED
Apr 26, 2002 8:00 AM
Secretary of State

Entity Name: ASSOCIATION FOR PSYCHOLOGICAL SERVICES, INC.

Current Principal Place of Business:

2910 VILLAGE GREEN DR.
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

2910 VILLAGE GREEN DR.
MIAMI, FL 33175

New Mailing Address:

FEI Number: 65-1056676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTA, LUIS E
2910 VILLAGE GREEN DR.
MIAMI, FL 33175

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ORTA, LUIS E
Address: 2910 VILLAGE GREEN DR.
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: DE LA POROTILLA, MANUEL
Address: 8020 SW 153RD PL.
City-St-Zip: MIAMI, FL 33193

Title: D () Delete
Name: REITER, LINDA E
Address: 12368 NW 12TH CT.
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS E. ORTA

PRES

04/26/2002

Electronic Signature of Signing Officer or Director

Date