

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005079

**FILED**  
**Mar 04, 2010**  
**Secretary of State**

**Entity Name:** ASSOCIATION FOR PSYCHOLOGICAL SERVICES, INC.

**Current Principal Place of Business:**

16191 NW 9 DRIVE  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

16191 NW 9 DRIVE  
PEMBROKE PINES, FL 33028

**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  
16191 NW 9 DRIVE  
PEMBROKE PINES, FL 33028 US

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

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

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

03/04/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: D  
Name: REITER, LINDA E  
Address: 16191 NW 9 DRIVE  
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby 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 all other like empowered.

SIGNATURE: LINDA E. REITER

D

03/04/2010

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

\_\_\_\_\_  
Date