

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008448

**FILED**  
**Jul 24, 2004**  
**Secretary of State****Entity Name:** DADE ASSOCIATION OF SCHOOL PSYCHOLOGISTS, INC.**Current Principal Place of Business:**7891 W. FLAGLER ST.  
375  
MIAMI, FL 33144**New Principal Place of Business:****Current Mailing Address:**7891 W. FLAGLER ST.  
375  
MIAMI, FL 33144**New Mailing Address:****FEI Number:** 59-2480891      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**GLAZER, SUSAN  
7805 SW 183RD TERRACE  
MIAMI, FL 33157      US**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:** PD      ( ) Delete  
**Name:** DR. G. LEROY LLOYD., III  
**Address:** 315 N.E. 131ST STREET  
**City-St-Zip:** NORTH MIAMI, FL 33161**Title:** PPD      ( ) Delete  
**Name:** CAPRONI, PETER DR  
**Address:** 19741 NW 88 AVE  
**City-St-Zip:** HIALEAH, FL 33018**Title:** PD      ( ) Delete  
**Name:** ARMENTEROS, EDUARDO  
**Address:** 3920 SW 124 CT  
**City-St-Zip:** MIAMI, FL 33175**Title:** PD      ( ) Delete  
**Name:** GLAZER, SUSAN  
**Address:** 7805 SW 183 TERR.  
**City-St-Zip:** MIAMI, FL 33157**Title:**      ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****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:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** PD      ( ) Change (X) Addition  
**Name:** SASSEVILLE, ANN MARIE  
**Address:** 8950 SW 192 DRIVE  
**City-St-Zip:** MIAMI, FL 33157

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: ANN MARIE SASSEVILLE

DR.

07/24/2004

Electronic Signature of Signing Officer or Director

Date