2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2005
Secretary of State

DOCUMENT# N97000004639

Entity Name: THE AMERICAN BOARD OF MENTAL HEALTH DIAGNOSTICS, INC.

Current Principal Place of Business:

2801 UNIVERSITY DR. #205
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

2801 UNIVERSITY DR. #205
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 65-0815037 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KASDAGLIS, MICHAEL DCSW
2801 UNIVERSITY DR. #205
CORAL SPRINGS, FL 33065 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: PCD ( ) Delete
Name: KASDAGLIS, MICHAEL DCSW
Address: 2801 UNIVERSITY DR. #205
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete
Name: ALEXAKIS, GEORGE EDD ABD
Address: 1244 NW 117TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VD ( ) Delete
Name: ALEXAKIS, ELIZABETH
Address: 1244 NW 117TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: SD ( ) Delete
Name: KASDAGLIS, ESTHER L RN
Address: 8855 N.W. 17TH MANOR
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: KASDAGLIS, TANIA MD
Address: 2801 UNIVERSITY DR. #205
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VD (X) Change ( ) Addition
Name: KASDAGLIS, ESTHER RN
Address: 8855 NW 17TH MANOR
City-St-Zip: CORAL SPRINGS, FL 33071

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: MICHAEL KASDAGLIS, DCSW MR. 08/17/2005

Electronic Signature of Signing Officer or Director — Date