2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P00000013825

1. Entity Name

FAMILY AND FORENSIC PSYCHOLOGY, P.A.



FILED Feb 01, 2005 8:00 am Secretary of State 02-01-2005 90031 042 ***150.00

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Principal Plac	ce of Busines	s	Mailing Address			1			
10000 STIR	LING RD.		10000 STIRLING RD.			1		vvt	761Fu
STE. 6 HOLLYWOOD FL 33024			STE. 6 HOLLYWOOD FL 330	024					
2. Principal F	Place of Busin	ness	3. Mailing Address			_			
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Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			1s	t MOORE CR2E0	34 (10/04)	
City & State			City & State			4. FEI Number 65-0979410 Applied For Not Applicable			
Zip	Ì	Country	Zip	Country		5. Certificate	e of Status Desired	\$8.75 Ad	
	6. Name	and Address of Current	Registered Agent	<u> </u>		7. Name and	d Address of New Registere	d Agent	
CDICCEL & LITDEDA DA					Name				
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134			Street Address		(P.O. Box Number is Not Acceptable)				
COI	KAL GAB	LES FL 33134							
	1				City		F	L Zip Coo	e
	e named entit itions of regis		the purpose of changing it	ts registered o	office or regist	tered agent, or bo	oth, in the State of Florida. I a	m familiar with	and accept
0.00.471.65									i
SIGNATURE		or printed name of registered agent a	and title if applicable. (NC	TE Registered Ag	ieni signature requi	red when reinstating)	DAT	E	
After	May 1, 20	!! FEE IS \$150.00 05 Fee Will Be \$550.00 o Florida Department of					Election Campaign Fina Trust Fund Contribution		.00 May Be led to Fees
10.	ander Curry Wall	OFFICERS AND	DIRECTORS	11.		ADDITIONS	L S/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11
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NAME	WINICK, C	CHARLES B		NAME					_
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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 607, 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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR