## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR)						FILED Jan 28, 2002 8:00 am				
DOCU  1. Entity Nam	MENT # <b>P000</b> 0	0050627				Secretary of	f Sta	ate	>	
•	E S. BERKOWITZ, PSY.D.,	P.A.				01-28-2002 90055 026			<	
Principal Plac 433 PLAZA RE SUITE 275 BOCA RATON		Mailing Address 3809 NW 65TH LANE BOCA RATON FL 33496	3809 NW 65TH LANE							
2. Principal P	Place of Business N.E. Mizner Blud									
Suite Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE				
City & Stat	ra Raton FL	City & State			4.	65-1007985		olied For Applicable		
Zip 331	432 Country USA	Zip	ry	5. Certificate of Status Desired S8.75 Additional Fee Required						
<i>yy</i>	6. Name and Address of Current	Registered Agent			7.	Name and Address of New Registered Age	ent			
3809 NW	tz, Lorraine S 65th Lane Ton FL 33496			Name Street Addre	ss (P.O. I	Box Number is Not Acceptable)				
				City		FL	Zip Code			
Tax filing	Signature, typed or printed name of registered agent praction is eligible to satisfy its Intangible requirement and elects to do so.		'!!! FEE 002 Fee	will be \$550.0	0	einstating)  DATE  10. Election Campaign Financing Trust Fund Contribution.		May Be to Fees		
11.	OFFICERS AND	DIRECTORS	12.		Αſ	DDITIONS/CHANGES TO OFFICERS AND D	IRECTORS	IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BERKOWITZ, LORRAINE S 433 PLAZA REAL, STE 275 BOCA RATON FL 33432		NAME STREE	TITLE NAME STREET ADDRESS CITY-ST-ZIP			_ Change	Addition	CR2E034 (9/01)	
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13. I hereby of indicated of the cor	on this report or supplemental report is	s true and accurate and that owered to execute this repor	or the exer my signate t as requir	nption stated in	he same	119.07(3)(i), Florida Statutes. I further certify legal effect as if made under oath; that I am ida Statutes; and that my name appears in B	an officer i	or director Block 12 if		