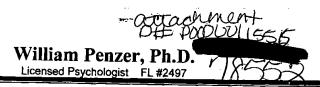
FILED Sep 18, 2001 8:00 am Secretary of State

Suite, Apt. 6, etc. City & State City & St	1. Entity Nan	JMENT # P000(IMENT # P000(IMENZER,PH.D, P.A.	00115515	(,	(R)		Secret 09-06-200	
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City & State Country Country Zip Country Zip Country S. Certificate of Status Desired 8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 8. 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. City FL Zip Code 8. 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. City FL Zip Code The Address (P.O. Box Number is Not Acceptable) DNIT Signar Tures Signar	2. Principal Place of Business 3. Meiling Address				T (PRINSPER UN BERNA ORBIT DENN BERNA SCHOOL STOOL BOXES BYRKE VERSLE SIGH IN BA			
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Second S	City & Sta	al o	City & State					Applied For Not Applicable
6. Name and Address of Current Registered Agent PENZER, WILLIAM 150 S UNIVERSITY DR STE A PLANTATION FL 33324 City City FL Zip Code City City	Zip	Country	Zip	Country	\neg	- 1.J	□ \$8.75 A	dditional
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	t Registered Agent		7. Na	une and Address of New Re	egistered Agent	
Learning to the purpose of changing its registered agent, or both, in the State of Florida. City FL Zip Code				and the second s				
Entry City FL Zie Code 8. 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. 2. Signature 5. Signature 5. Sopature hybrid or prined name of registered agent and 6th if applicative. 6. This corporation is elligible to satisfy its intangible 7. Tax filling requirement and effects to do so. (See criteria on back) 7. OFFICERS AND DIRECTORS 7. Added to Fees 7. Make Check Payable to Department of State 7. Added to Fees 7. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 7. OFFICERS AND DIRECTORS 7. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 7. OFFICERS AND DIRECTORS 7. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 7. OFFICERS AND DIRECTORS 7. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 7. OFFICERS AND DIRECTORS 7. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 7. OFFICERS AND DIRECTORS IN 11 7. OFFICERS AND DIRECTORS IN 11 7. OFFICERS AND DIRECTORS 7. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 7. OFFICERS AND DIRECTORS IN 11 7. OFFICERS AND DIRECTORS 7. OFFICERS 7. OFFI				entered to the second				
B. 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. 2 SIGNATURE SQUALUE Typind or private name of registered agent and side if applicable. (NOTE: Registered Agent signature required when relateding) DATE FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME DPVS PENZER, WILLIAM STREET ADDRESS CITY-ST-2P PENZER, WILLIAM 150 S UNIVERSITY DR STE A DIRECTORS IN TILE NAME STREET ADDRESS CITY-ST-2P PENZER, WILLIAM 150 S UNIVERSITY DR STE A CITY-ST-2P PENZER, WILLIAM 150 S UNIVERSITY DR STE A CITY-ST-2P Delete TITLE NAME STREET ADDRESS CITY-ST-2P Change Addition Addition TRE WAME STREET ADDRESS CITY-ST-2P Change Addition Addition TRE WAME STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P		loui, signature		City			Zin Co	orde
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www.WILLIAMPENZERPHD.com www.anxietysource.com

Main Office: 150 A South University Drive Plantation, FL 33324 (954) 475-1371

Fax (954) 475-1466

Satellite Office: 2499 Glades Road #108 Boca Raton, FL 33431 (561) 361-1898

August 30, 2001

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Please be aware that my corporation, William Penzer, Ph.D., P.A. was formed in December 2000 and incorporation papers received on December 19, 2000. To our knowledge, no Uniform Business Report was received which is why the bill wasn't paid. We are very compulsive about paying bills the same day that they arrive.

Also be aware, that on January 15, 2001 I had serious heart related medical problems requiring angioplasty that kept me out of work for a while and now has me on partial disability. It is possible that in the confusion of that time this report never came to my attention.

I am returning the report now with a check for \$150 in the hope that this will be accepted due to the above circumstances. Your cooperation and assistance is most appreciated at this difficult time in my practice.

Sincerely,

William Penzer/Ph.

Professional, Caring Assistance Since 1973

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EVALUATION

COUNSELING

PSYCHOTHERAPY