

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90684 022 ***150.00

DOCUMENT # P01000010416 1. Entity Name JMD PSYCHOLOGICAL SERVICES, P.A.			
Principal Place of Business 10846 NORTHEAST 4TH AVENUE MIAMI, FL 33161		Mailing Address 10846 NORTHEAST 4TH AVENUE MIAMI, FL 33161	
2. Principal Place of Business 5400 S. University Drive Suite, Apt. #, etc. Suite 412A DAVIE, FL		3. Mailing Address 5400 S. University Suite, Apt. #, etc. 412A DAVIE, FL	
4. FEI Number 65-1076639		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03232004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent DENISCO, JEANETTE M 10846 NE 4TH AVENUE MIAMI, FL 33161		7. Name and Address of New Registered Agent Name JEANETTE M. DENISCO Street Address (P.O. Box Number is Not Acceptable) 5400 S. UNIVERSITY DRIVE Suite 412A City DAVIE, FL Zip Code 33328	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input type="checkbox"/> Delete DENISCO, JEANETTE M 10846 NORTHEAST 4TH AVENUE MIAMI, FL 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5400 S. UNIVERSITY DR., 412A DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 lines empowered.			
SIGNATURE:		Date 4/28/04 Daytime Phone # 305-962-9513	