2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 07, 2005
Secretary of State

DOCUMENT# P01000046217

Entity Name: PSYCHOTHERAPY ASSOCIATES OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

5425 TENTH FAIRWAY DRIVE #3
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

5425 TENTH FAIRWAY DRIVE #3
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 65-1105825 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KADIN, CHRISTINE
5425 TENTH FAIRWAY DRIVE #3
DELRAY BEACH, FL 33484 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: CHRISTINE KADIN
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KADIN, CHRISTINE
Address: 5425 TENTH FAIRWAY DR #3
City-St-Zip: DELRAY BEACH, FL 33484

Title: S ( ) Delete
Name: KADIN, CHRISTINE
Address: 5425 TENTH FAIRWAY DR. #3
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE KADIN PD 10/07/2005
Electronic Signature of Signing Officer or Director — Date