## 2005 FOR PROFIT CORPORATION

## Apr 18, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P01000087901** SAPÓZNIK PSYCHOTHERAPY P.A. Principal Place of Business Mailing Address 20191 E COUNTRY CLUB DR #1211 ... 20191 E COUNTRY CLUB DR #1211 AVENTURA, FL 33180 AVENTURA, FL 33180 04142005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1140283 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SAPOZNIK, MARCIA DO NOT WRITE 20191 E COUNTRY CLUB DR #1211 AVENTURA, FL 33180 IN THIS SPACE 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. Signature, typed or printed name of registered goent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PD SAPOZNIK, MARCIA NAME 20191 E COUNTRY CLUB DR #1211 STREET ADDRESS AVENTURA, FL 33180 100000314381 CITY-ST-ZIP 04/18/05-80165-006 150.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY -ST - ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

E OF SIGNING OFFICER OR DIRECTOR

**FILED**