2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 25, 2006 8:00 am Secretary of State

Principal Place of Business 2019 ECOINTRY CUB DR #1211 2019 EVENT COURTEY CUB DR #1211 2019 EVENT COURTED COURTEY CUB DR #1211 2019 EVENT COURTED C	DOCUMENT # P01000087901 1. Entity Name SAPOZNIK PSYCHOTHERAPY P.A.							07-25-2006	90023 00	2 ***158	:.75
2. Principal Place of Business 3. Mailing Address	Principal Place of Business Mailing Address							4			
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S. Certificate of Status Desired Fee Required Fee Required Fee Required Fee Required Fee Required Street Address of New Registered Agent The above named analy submits this statement for the purpose of changing its registered agent, or both, in the State of Roids. I am familier with, and accept time obligatione of registered agent. When the purpose of changing its registered agent, or both, in the State of Roids. I am familier with, and accept time obligations of registered agent. When the purpose of changing its registered agent, or both, in the State of Roids. I am familier with, and accept time obligations of registered agent. Or both, in the State of Roids. I am familier with, and accept time obligations of registered agent. Or both, in the State of Roids. I am familier with, and accept time obligations of registered agent. Or both, in the State of Roids. I am familier with, and accept time obligations of registered agent. Or both, in the State of Roids. I am familier with, and accept time obligations of registered agent. Or both, in the State of Roids. I am familier with, and accept time obligations of registered agent. Or both, in the State of Roids. I am familier with, and accept time obligations of registered agent. Or both, in the State of Roids. I am familier with, and accept time obligations of registered agent. Or both, in the State of Roids. I am familier with, and accept time obligations of registered agent. Or both, in the State of Roids. I am familier with, and accept time obligations of registered agent. Or both, in the State of Roids. I am familier with, and accept time obligations of registered agent. Or both, in the State of Roids	City & State		City & State							•	
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SAPOZNIK, MARCIA 20191 E COUNTRY CLUB DR #1211 AVENTURA, FL 33180 City FL Zip Code		6. Name and Address of Current	Registered Agent	<u>'</u>			7. Name and	Address of New	Registered /	Agent	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	0.0071	ć 144 DOLA			Name						
C. B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familier with, and accept the obligations of registered agent. SIGNATURE Submit PEE IS \$150.00 The polyment of committee of applications of registered agent. SIGNATURE FILE NOW!!! PEE IS \$150.00 The polyment of committee of applications of registered agent. SIGNATURE FILE NOW!!! PEE IS \$150.00 The polyment of committee of applications agent and see if applications. FILE NOW!!! PEE IS \$150.00 The polyment of committee of committee of applications. SIGNATURE FILE NOW!!! PEE IS \$150.00 The polyment of committee of committee of applications. The polyment of committee of	20191 E COUNTRY CLUB DR #1211				Street Address (P.O. Box Number is Not Acceptable)						
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Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PD	the obligat	ions of registered agent		-				h, in the State of F	Torida. I am	familiar with,	and accept
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	l	certify that the information supplied with	this filing does not qualify			ontained	d in Chapter 119). Florida Statutes	. I further cer	tify that the i	nformation

12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statules. Further certify that the information of the proof of 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

NAME OF SIGNING OFFICER OR DIRECTOR

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