

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000087901

FILED
Apr 24, 2007
Secretary of State

Entity Name: SAPOZNIK PSYCHOTHERAPY P.A.

Current Principal Place of Business:

20191 E COUNTRY CLUB DR #1211
AVENTURA, FL 33180

New Principal Place of Business:

1031 IVES DAIRY RD. - BUILDING # 4
SUITE # 228
NORTH MIAMI BEACH, FL 33179

Current Mailing Address:

20191 E COUNTRY CLUB DR #1211
AVENTURA, FL 33180

New Mailing Address:

20191 E COUNTRY CLUB DR
#1211
AVENTURA, FL 33180

FEI Number: 65-1140283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAPOZNIK, MARCIA
20191 E COUNTRY CLUB DR #1211
AVENTURA, FL 33180 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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAPOZNIK, MARCIA
Address: 20191 E COUNTRY CLUB DR #1211
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. (X) Change () Addition
Name: SAPOZNIK, MARCIA
Address: 20191 E COUNTRY CLUB DR #1211
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MARCIA SAPOZNIK

MS.

04/24/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date