


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90185 041 \*\*\*150.00

<b>DOCUMENT # P01000098542</b> 1. Entity Name <b>CENTRAL FLORIDA PSYCHOLOGICAL SERVICES, INC.</b>					
Principal Place of Business <b>POST OFFICE BOX 2524 SANFORD FL 32772-2524</b>			Mailing Address <b>POST OFFICE BOX 2524 SANFORD FL 32772-2524</b>		
2. Principal Place of Business <b>ZOO N. PARK AVE</b>		3. Mailing Address 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>SANFORD, FL</b>		City & State		4. FEI Number <b>59-3377335</b>	
Zip <b>32771</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SULT, SUSAN C 200 NORTH PARK AVE SANFORD FL 32771</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 <u>Susan C. Sult</u> <span style="float: right;">2/27/06</span> <small>Signature, typed or printed name of registered agent and late if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SULT, SUSAN C 200 NORTH PARK AVE SANFORD FL 32771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>Susan C. Sult, P.D.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/20/06 (407) 330-0418 <small>Date Daytime Phone #</small>		

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1st MOORE CR2E034 (10/05)



ATTACHMENT

66006376

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 10, 2006

CENTRAL FLORIDA PSYCHOLOGICAL SERVICES, INC.  
POST OFFICE BOX 2524  
SANFORD, FL 32772-2524

Subject: CENTRAL FLORIDA PSYCHOLOGICAL SERVICES, INC.

Reference Number: P01000098542

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION

MAR 20 2006