

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101926

FILED
Jan 06, 2010
Secretary of State

Entity Name: CLINICAL AND FORENSIC PSYCHOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

918 NE 26TH AVE
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

2881 EAST OAKLAND PARK BOULEVARD
SUITE 321
FORT LAUDERDALE, FL 33306

Current Mailing Address:

918 NE 26TH AVE
FORT LAUDERDALE, FL 33304

New Mailing Address:

2881 EAST OAKLAND PARK BOULEVARD
SUITE 321
FORT LAUDERDALE, FL 33306

FEI Number: 90-0002349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWAN, AMY C DR.
918 NE 26TH AVE
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

SWAN, AMY C DR.
2881 EAST OAKLAND PARK BOULEVARD
SUITE 321
FORT LAUDERDALE, FL 33306 US

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:

01/06/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES
Name: SWAN, AMY C PSY. D.
Address: 2881 EAST OAKLAND PARK BOULEVARD, # 321
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: VP
Name: CACIOPPO, DONALD J
Address: 2881 EAST OAKLAND PARK BOULEVARD, # 321
City-St-Zip: FORT LAUDERDALE, FL 33306

I hereby 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 all other like empowered.

SIGNATURE: AMY C. SWAN, PSY. D.

PRES

01/06/2010

Electronic Signature of Signing Officer or Director

Date