

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90199 044 ***158.75

DOCUMENT # P02000074103

1. Entity Name
THE CENTER FOR HEALTHY PSYCHE, INC.



Principal Place of Business
10039 BOYNTON PLACE CIRCLE
BOYNTON BEACH FL 33437

Mailing Address
10039 BOYNTON PLACE CIRCLE
BOYNTON BEACH FL 33437

2. Principal Place of Business
6621 Forest Hill Blvd.

3. Mailing Address
6621 Forest Hill Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
West Palm Beach, FL.

City & State
West Palm Beach, FL.

Zip

Country

33413

USA

Zip

Country

33413

USA.

4. FEI Number
81-0561167

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KNAPP, VIVIAN M ESQ.
142 KAPOK CRESCENT
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
PD
NAME
PENA, NATALIEGRACE ☐ Delete
STREET ADDRESS
10039 BOYNTON PLACE CIRCLE
CITY-ST-ZIP
BOYNTON BEACH FL 33437

TITLE
ST
NAME
PENA, MARIO A ☐ Delete
STREET ADDRESS
10039 BOYNTON PLACE CIRCLE
CITY-ST-ZIP
BOYNTON BEACH FL 33437

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD ☒ Change ☐ Addition
NAME
Pena, NatalieGrace
STREET ADDRESS
6621 Forest Hill Boulevard
CITY-ST-ZIP
West Palm Beach, FL 33413

TITLE
ST ☒ Change ☐ Addition
NAME
Pena, mario
STREET ADDRESS
6621 Forest Hill Boulevard
CITY-ST-ZIP
West Palm Beach, FL 33413

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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:

Natalie Grace Pena / **Natalie Grace Pena** 1/13/03 (561) 716-5099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)