

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

AMENDED

DOCUMENT # **PO2000074103**

1. Entity Name

The Center for Healthy Psyche, Inc.



FILED

03 MAY 16 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6621 Forest Hill Boulevard

Suite, Apt. #, etc.

3. Mailing Address

6621 Forest Hill Boulevard

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL.

City & State

West Palm Beach, FL.

4. FEI Number

81-0561167

Applied For

Not Applicable

Zip

Country

33413

U.S.A.

Zip

Country

33413

U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Vivian M. Knapp, Esq.**

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

City **Royal Palm Beach**

FL

Zip Code

33411

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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, Natalie Grace**
STREET ADDRESS **6621 Forest Hill Boulevard**
CITY-ST-ZIP **West Palm Beach, FL. 33413**

TITLE **ST**
NAME **Knapp, Vivian**
STREET ADDRESS **142 Kapok Crescent**
CITY-ST-ZIP **Royal Palm Beach, FL. 33411**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200020289322
05/30/03--01058--029 **70.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Natalie Grace Pena, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/03 (561)968-6263

Date

Daytime Phone #

CR2E034B (12/02)