

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000096651

FILED
Mar 14, 2011
Secretary of State

Entity Name: ADVANCED PSYCHOLOGICAL ASSOCIATES, INC.

Current Principal Place of Business:

5415 LAKE HOWELL RD., #203
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

5415 LAKE HOWELL RD., #203
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 13-4219389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSSES, KATHERINE M
5415 LAKE HOWELL RD., #203
WINTER PARK, FL 32792 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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: OSSES, KATHERINE M
Address: 5415 LAKE HOWELL RD., #203
City-St-Zip: WINTER PARK, FL 32792

Title: D
Name: OSSES, KATHERINE M
Address: 5415 LAKE HOWELL RD., #203
City-St-Zip: WINTER PARK, FL 32792

Title: VP
Name: ROBINSON, WILLIAM H VP
Address: 5415 LAKE HOWELL RD. #203
City-St-Zip: WINTER PARK, FL 32792

Title: SEC
Name: OSSES, FRANCISCO SEC
Address: 5415 LAKE HOWELL RD. #203
City-St-Zip: WINTER PARK, FL 32792

Title: TREA
Name: OSSES, ANTONIO TREASU
Address: 5415 LAKE HOWELL RD. #203
City-St-Zip: WINTER PARK, FL 32792

Title: PR
Name: ELLIOTT, JOHN
Address: 5415 LAKE HOWELL RD., #203
City-St-Zip: WINTER PARK, FL 32792

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: KATHERINE OSSES

PCEO

03/14/2011

Electronic Signature of Signing Officer or Director

Date