

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000122617

FILED
Apr 20, 2008
Secretary of State

Entity Name: SOUTH FLORIDA PSYCHOLOGICAL CENTER, INC.

Current Principal Place of Business:

1800 WEST 49TH STREET
STE 230
HIALEAH, FL 33012

New Principal Place of Business:

4355 WEST 16 AVENUE
STE 205B
HIALEAH, FL 33012

Current Mailing Address:

1800 WEST 49TH STREET
STE 230
HIALEAH, FL 33012

New Mailing Address:

4355 WEST 16TH AVENUE
STE 205B
HIALEAH, FL 33012

FEI Number: 16-1640005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, MADELINE
30 EAST 52ND STREET
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

HERNANDEZ, MADELINE
5875 W 3RD LAND
HIALEAH, FL 33012 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: MADELINE HERNANDEZ

04/20/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: HERNANDEZ, MADELINE
Address: 30 EAST 52ND PLACE
City-St-Zip: HIALEAH, FL 33013

Title: DS () Delete
Name: HERNANDEZ, MERCEDES
Address: 30 EAST 52ND PLACE
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: HERNANDEZ, MADELINE
Address: 5875 W 3RD LANE
City-St-Zip: HIALEAH, FL 33012

Title: DS (X) Change () Addition
Name: HERNANDEZ, MERCEDES
Address: 5875 W 3RD LANE
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MADELINE HERNANDEZ

DPT

04/20/2008

Electronic Signature of Signing Officer or Director

Date