2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90041 027 ***158.75

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03192004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000017571

1. Entity Name
ROBERT L. HERSH, PSY.D., P.A.

Principal Place of Business	Mailing Address
301 ALMERIA AVENUE, SUITE 105 CORAL GABLES, FL 33134	301 ALMERIA AVENUE, SUITE 105 CORAL GABLES, FL 33134

2. Principal Place of Business	3. Mailing Address
1390 South Dixie Hwy.	1390 South Dixie Hwy.
Suite, Apt. #, etc.: Coral Gables, Florida	Suite, Apt. #, etc.: Coral Gables, Florida
City & State: 33146 Suite: 1307	City & State: 33146 Suite: 1307
Zip / Country: USA	Zip / Country: USA

4. FEI Number 20-0834902 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARSHOFSKY, JASON
301 ALMERIA AVENUE, SUITE 105
CORAL GABLES, FL 33134

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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HERSH, ROBERT L DR	NAME	
STREET ADDRESS	1390 SOUTH DIXIE HIGHWAY, SUITE 1307	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33146	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Robert Hersh, PsyD, PA. 03/30/04 305-665-4058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #