


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90051 019 ***150.00

DOCUMENT # P03000063111		
1. Entity Name SANDRA COIFFMAN-YOHROS, PSY.D., P.A.		

Principal Place of Business 1380 NE MIAMI GARDENS DR., #142 NORTH MIAMI BEACH, FL 33179 US	Mailing Address 100 N. BISCAYNE BLVD 700 MIAMI, FL 33132 US
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2. Principal Place of Business 2121 Ponce de Leon Blvd. Suite, Apt. #, etc. 1050 City & State CORAL GABLES, FL Zip 33134 Country	3. Mailing Address 2121 Ponce de Leon Blvd. Suite, Apt. #, etc. 1050 City & State CORAL GABLES, FL Zip 33134 Country
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01092006 Chg-P CR2E034 (11/05)

4. FEI Number 36-4533233	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FILLOY, JOSEPH M 100 N. BISCAYNE BLVD, SUITE 700 ***** (DECEASED 8/5/05) ***** MIAMI, FL 33132	
7. Name and Address of New Registered Agent Name JOHN M. STANISE Street Address (P.O. Box Number is Not Acceptable) 100 N. BISCAYNE BLVD. SUITE 700 City MIAMI FL Zip Code 33132	

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.

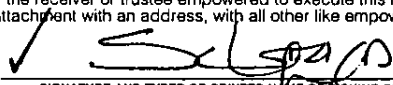
SIGNATURE  DATE 1/9/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COIFFMAN-YOHROS, SANDRA 16380 NE 19TH AVENUE, SUITE 200 N MIAMI BEACH, FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2121 Ponce de Leon Blvd. #1050 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE 1/9/06 DAYTIME PHONE # 3052050346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR