2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000124052

1. Entity Name
MARCIA SCHULTZ PSY.D INC.

FILED
06 OCT 25 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1801 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071

Mailing Address
1801 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071

10242006 REIN-P CR2E098 (11/05) 06

2. Principal Place of Business		3. Mailing Address	
3111 UNIVERSITY DR		3111 UNIVERSITY DR	
Suite, Apt. #, etc. SUITE 400		Suite, Apt. #, etc. SUITE 400	
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL	
Zip 33065	Country BROWARD	Zip 33065	Country BROWARD

4. FEI Number 20-0362209 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SCHULTZ, MARCIA
1801 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent
Name MARCIA SCHULTZ
Street Address (P.O. Box Number is Not Acceptable) 3111 UNIVERSITY DR. SUITE 400
City CORAL SPRINGS FL Zip Code 33065

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 Marcia Schultz 10/24/06
(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 January 1, 2007, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHULTZ, MARCIA 1801 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SCHULTZ, MARCIA 3111 UNIVERSITY DR CORAL SPRINGS, FL 33065	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800081191018 10/25/06--01049--019 **158.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10/27	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Marcia Schultz 10/24/06 954-649-1957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #