2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# P04000093295

Entity Name: ABBE POLSYN, PSY. D, P.A.

Current Principal Place of Business:

7301 WEST PALMETTO PARK RD.
SUITE 201A
BOCA RATON, FL 33433

New Principal Place of Business:

950 PENINSULA CORPORATE CIRCLE
SUITE 3000
BOCA RATON, FL 33487

Current Mailing Address:

4250 GALT OCEAN DR
APT 5L
FT LAUDERDALE, FL 33308

New Mailing Address:

950 PENINSULA CORPORATE CIRCLE
SUITE 3000
BOCA RATON, FL 33487

FEI Number: 20-1217562 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLSYN, ABBE
4250 GALT OCEAN DR
APT. 5L
FT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

POLSYN, ABBE R DR.
950 PENINSULA CORPORATE CIRCLE
SUITE 3000
BOCA RATON, FL 33487 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: ABBE POLSYN, PSY.D., P.A. 01/16/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: POLSYN, ABBE
Address: 4250 GALT OCEAN DR APT 5L
City-St-Zip: FT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: POLSYN, ABBE
Address: 950 PENINSULA CORPORATE CIRCLE
City-St-Zip: BOCA RATON, FL 33487 US

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: ABBE POLSYN, PSY.D., P.A. DR. 01/16/2009
Electronic Signature of Signing Officer or Director Date