2006 FOR PROFIT CORPORATION

Mar 02, 2007 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # P04000173344** 03-02-2007 90008 035 ***150.00 DEBBIE LAYTON-THOLL, PSY.D., P.A. Principal Place of Business Mailing Address 10199 N.W. 44TH STREET P.O. BOX 480253 SUNRISE, FL 33351 DELRAY BEACH, FL 33448 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072006 CR2E034 (11/05) Chg-P City & State City & State Applied For 4. FEI Numbe T.I.N. 13-4290904 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KATZMAN, LEIGH Street Address (P.O. Box Number is Not Acceptable) 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309 City 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME LAYTON-THOLL, DEBBIE DR. NAME P.O. BOX 480253 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33448 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE LAYTON-THOLL, DEBBIE DR. NAME P.O. BOX 480253 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33448 CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-74P ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ 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

MALIF

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED