
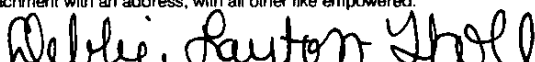


<b>DOCUMENT # P04000173344</b>			
1. Entity Name <b>DEBBIE LAYTON-THOLL, PSY.D., P.A.</b>			
Principal Place of Business <b>10199 N.W. 44TH STREET SUNRISE, FL 33351</b>		Mailing Address <b>P.O. BOX 480253 DELRAY BEACH, FL 33448</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
<b>KATZMAN, LEIGH 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309</b>			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5 Ad</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P LAYTON-THOLL, DEBBIE DR. P.O. BOX 480253 DELRAY BEACH, FL 33448 <input type="checkbox"/> Delete	<b>11.</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP LAYTON-THOLL, DEBBIE DR. P.O. BOX 480253 DELRAY BEACH, FL 33448 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			