

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000029589

FILED  
Jul 05, 2007  
Secretary of State

Entity Name: PINES PSYCHOLOGICAL ASSOCIATES, P.A.

## Current Principal Place of Business:

4114 FILLMORE STREET  
HOLLYWOOD, FL 33021

## New Principal Place of Business:

700 NORTH HIATUS ROAD  
SUITE 213  
PEMBROKE PINES, FL 33026

## Current Mailing Address:

4114 FILLMORE STREET  
HOLLYWOOD, FL 33021

## New Mailing Address:

700 NORTH HIATUS ROAD  
SUITE 213  
PEMBROKE PINES, FL 33026

FEI Number: 20-4415924

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHANNING, MICHELLE DR  
1211 NW 192ND WAY  
PEMBROKE PINES, FL 33029 US

## Name and Address of New Registered Agent:

CHANNING, MICHELLE DR  
700 NORTH HIATUS ROAD  
SUITE 213  
PEMBROKE PINES, FL 33026 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: DR. MICHELLLE CHANNING, PSY.D.

07/05/2007

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO ( ) Change (X) Addition  
Name: SCOTT, KAREN E DR.  
Address: 700 NORTH HIATUS ROAD  
City-St-Zip: PEMBROKE PINES, FL 33026 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: DR. KAREN E. SCOTT, PSY.D.

CEO

07/05/2007

Electronic Signature of Signing Officer or Director

Date