

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000029589

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** PINES PSYCHOLOGICAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

700 NORTH HIATUS ROAD  
SUITE 213  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

700 NORTH HIATUS ROAD  
SUITE 213  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

**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  
700 NORTH HIATUS ROAD  
SUITE 213  
PEMBROKE PINES, FL 33026 US

**Name and Address of New Registered Agent:**

SCOTT, KAREN 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. KAREN SCOTT

04/06/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: SCOTT, KAREN E DR.  
Address: 700 NORTH HIATUS ROAD  
City-St-Zip: PEMBROKE PINES, FL 33026 US

I hereby 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 all other like empowered.

SIGNATURE: DR. KAREN SCOTT

PRES

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date