

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000067875

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** CENTER FOR SPORTS PSYCHOLOGY, INC.

**Current Principal Place of Business:**

300 PINE ISLAND RD. SUITE 215  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

300 PINE ISLAND RD. SUITE 213  
PLANTATION, FL 33324 US

**Current Mailing Address:**

300 PINE ISLAND RD. SUITE 215  
PLANTATION, FL 33324 US

**New Mailing Address:**

300 PINE ISLAND RD. SUITE 213  
PLANTATION, FL 33324 US

**FEI Number:** 20-4864972

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FERGUSON, SHERYL A  
300 S. PINE ISLAND ROAD, SUITE 215  
PLANTATION, FL 33324 US

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

FERGUSON, SHERYL A  
300 S. PINE ISLAND ROAD, SUITE 213  
PLANTATION, FL 33324 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:

02/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: FERGUSON, SHERYL A  
Address: 300 S. PINE ISLAND ROAD, SUITE 213  
City-St-Zip: PLANTATION, FL 33324 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: SHERYL A FERGUSON, PSY.D.

PRES

02/17/2011

Electronic Signature of Signing Officer or Director

Date