2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# P06000087343

Entity Name: ELAINE KARBONIK, PSY.D., P.A.

Current Principal Place of Business:

350 NW 70TH AVE
A
PLANTATION, FL 33317

New Principal Place of Business:

1881 UNIVERSITY DR.
104
CORAL SPRINGS, FL 33071

Current Mailing Address:

350 NW 70TH AVE
A
PLANTATION, FL 33317

New Mailing Address:

10500 NW 5TH MANOR
PLANTATION, FL 33324

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KARBONIK, ELAINE H PSY.D.
350 NW 70TH AVE
A
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

KARBONIK, ELAINE H PSY.D.
10500 NW 5TH MANOR
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: 04/18/2007

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KARBONIK, ELAINE H PSY.D.
Address: 350 NW 70TH AVE, STE A
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KARBONIK, ELAINE H PSY.D.
Address: 10500 NW 5TH MANOR
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the 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: ELAINE H. KARBONIK, PSY.D. P 04/18/2007

Electronic Signature of Signing Officer or Director — Date