2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P07000043758

Entity Name: CLAUDIA ROJAS PSY.D.,P.A.

Current Principal Place of Business:

812 SE 15TH ST
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

1130 NE 14 AVE
FT LAUDERDALE, FL 33304 US

Current Mailing Address:

812 SE 15TH ST
DEERFIELD BEACH, FL 33441 US

New Mailing Address:

1130 NE 14 AVE
FT LAUDERDALE, FL 33304 US

FEI Number: 20-8806583 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROJAS, CLAUDIA PSY.D.
812 SE 15TH ST
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

ROJAS, CLAUDIA PSY.D.
1130 NE 14 AVE
FT LAUDERDALE, FL 33304 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: _____ 04/28/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROJAS, CLAUDIA PSY.D.
Address: 812 SE 15TH ST
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: VP (X) Delete
Name: ROJAS, CLAUDIA PSY.D.
Address: 812 SE 15TH ST
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: S (X) Delete
Name: ROJAS, CLAUDIA PSY.D.
Address: 812 SE 15TH ST
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: T (X) Delete
Name: ROJAS, CLAUDIA PSY.D.
Address: 812 SE 15TH ST
City-St-Zip: DEERFIELD BEACH, FL 33441 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ROJAS, CLAUDIA PSY.D.
Address: 1130 NE 14 AVE
City-St-Zip: FT LAUDERDALE, FL 33304 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CLAUDIA ROJAS PRES 04/28/2008
Electronic Signature of Signing Officer or Director — Date