2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000080938

FILED Apr 22, 2009 Secretary of State

Entity Name: THE PROFESSIONAL TEAM FOR PSYCHOLOGICAL DEVELOPMENT, P.A.

Current Principal Place of Business: New Principal Place of Business: 478 SWEET BAY AVENUE PLANTATION, FL 33324 **Current Mailing Address: New Mailing Address:** 478 SWEET BAY AVENUE PLANTATION, FL 33324 FEI Number: 80-0250615 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SUKENIK, MICHELLE 478 SWEET BAY AVENUE PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SUKENIK, MICHELLE LMHC Name: Name: 478 SWEET BAY AVENUE Address: Address: City-St-Zip: PLANTATION, FL 33324 City-St-Zip: Title: () Delete Title: (X) Change () Addition ROSS, KATHY PSY.D Name: Name: ROSS, KATHRYN PSY.D POST OFFICE BOX 551363 Address: POST OFFICE BOX 551363 Address: FORT LAUDERDALE, FL 33355 FORT LAUDERDALE, FL 33355 City-St-Zip: 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: MICHELLE SUKENIK D 04/22/2009