

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000082378

FILED
Apr 29, 2011
Secretary of State

Entity Name: CENTER FOR BEHAVIORAL MEDICINE & PSYCHOLOGICAL SERVICES, INC.

Current Principal Place of Business:

150 SW 12TH AVENUE
SUITE 330
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

6000 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33008 US

Current Mailing Address:

150 SW 12TH AVENUE
SUITE 330
POMPANO BEACH, FL 33069 US

New Mailing Address:

6000 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33008 US

FEI Number: 27-3705099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID A. ARONSON, CPA, P.A.
1000 NE 176TH STREET
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: TRAUB, GARY
Address: 6000 NORTH FEDERAL HIGHWAY
City-St-Zip: FT, LAUDERLE, FL 33008 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: GARY TRAUB

PRES

04/29/2011

Electronic Signature of Signing Officer or Director

Date