## 2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)							FIL]	ED			6000
DOCUMENT # P9200000355  1. Entity Name ASSOCIATES IN PSYCHOLOGICAL SERVICES, INC.						Jan 23, 2001 8:00 am Secretary of State 01-23-2001 90001 033 ***150.00					
Principal Plac	ce of Business	Mailing Address									
9750 NW 33RD STREET STE. 201 CORAL SPRINGS FL 33065 US		9750 NW 33RD STREET STE. 201 CORAL SPRINGS FL 33065 US									
2. Principal Place of Business (2) A 10 The State		3. Mailing Address			_						•
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<del></del> _	DO NOT WRITE IN THIS SPACE					
City & State		City & State			4.	FEI Number	65-0375047			plied For t Applicable	-
Zip Country		Zip Count		y 5. Certifica		Certificate of	Status Desired		8.75 Add ee Require		
	6. Name and Address of Current F	legistered Agent		Name	7.	Name and A	idress of New Re	gistered A	gent		-
	DDMAN, CHRISTOPHER D NW 33RD ST			Street Add	ress (P.O.	Box Number i	s Not Acceptable)				
S-20 COR	11 IAL SPRINGS FL 33065			City				FL	Zip Code	9	}
Signature, typed or printed name of registered agent at  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			0.00	10. Election Campaign Financing \$5.00 May Be					
11.	OFFICERS AND D		12.			DDITIONS/CH	ANGES TO OFFIC	CERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODMAN, CHRISTOPHER 9621 NW 9TH CT PLANTATION FL 33324	VOODMAN, CHRISTOPHER 621 NW 9TH CT		- i				_	☐ Change	Addition	E034 (40/00)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	Addition	
of the cor	certify that the information supplied with t I on this report or supplemental report is t rporation or the receiver or trustee empon , or on an attachment with an address, w	vered to execute this repor	t as requi	mption stated ture shall have red by Chapte	in Section the same er 607, Flo	119.07(3)(i), legal effect a rida Statutes;	Florida Statutes. I i s if made under oa and that my name	further certinath; that I ar appears in	fy that the in m an officer Block 11 or	or director Block 12 if	

SIGNATURE: Christopher Woodman CHRISTOPHER WOODMAN 1/10/2001 752-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date

Date

Date

Description

Description