

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P92000000355

1. Entity Name
ASSOCIATES IN PSYCHOLOGICAL SERVICES, INC.



Principal Place of Business
9750 NW 33RD STREET
STE. 201
CORAL SPRINGS, FL 33065 US

Mailing Address
9750 NW 33RD STREET
STE. 201
CORAL SPRINGS, FL 33065 US

FILED
Mar 05, 2004 8:00 am
Secretary of State

02-23-2004 90021 019 ***150.00



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0375047

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WOODMAN, CHRISTOPHER
9750 NW 33RD ST
S-201
CORAL SPRINGS, FL 33065

DO NOT WRITE
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
WOODMAN, CHRISTOPHER
9621 NW 9TH CT
PLANTATION, FL 33324

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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STREET ADDRESS
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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christopher Woodman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-2004 954-752-2700

Date

Daytime Phone #