


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90009 049 ***150.00

| | | | | | |
|---|---|---------------------------------|--|---|--|
| DOCUMENT # P92000006824 | | | |  | |
| 1. Entity Name ASSOCIATED PSYCHOLOGICAL SERVICES OF N.E. FL, INC. | | | | | |
| Principal Place of Business 645 MAYPORT RD STE 3-B ATLANTIC BEACH, FL 32333 | | | Mailing Address 645 MAYPORT RD 3B2 ATLANTIC BEACH, FL 32333 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. STE 3B1 | | | Suite, Apt. #, etc. STE 3B1 | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3157267 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MAIDA, GEORGE N PHD 645 MAYPORT RD. 3B2 ATLANTIC BEACH, FL 32333 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | STE 3B1 | | |
| | | | City FL Zip Code | | |
| 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 <u>DR. GEORGE N. MAIDA</u> <i>George N. Maida PH.D</i> 4-12-04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MAIDA, GEORGE N 884 EASTCOAST DR. ATLANTIC BEACH, FL 32233 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DR. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u>GEORGE N. MAIDA</u> <i>George N. Maida</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 4-12-04 Daytime Phone # 904-249-8304 | | |

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03012004 Chg-P CR2E034 (10/03)