

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                   |                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P92000006824</b><br>1. Entity Name<br><b>ASSOCIATED PSYCHOLOGICAL SERVICES OF N.E. FL,<br/>INC.</b> |  |
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|                                                                                               |                                                                                   |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Principal Place of Business<br><b>645 MAYPORT RD<br/>STE 3B1<br/>ATLANTIC BEACH, FL 32333</b> | Mailing Address<br><b>645 MAYPORT RD<br/>STE 3B1<br/>ATLANTIC BEACH, FL 32333</b> |
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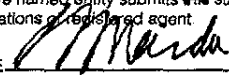
01242006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number<br><b>59-3157267</b>                                                                  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional<br/>Fee Required</b> |                                                        |

|                                                                                                                                            |
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| 6. Name and Address of Current Registered Agent<br><br><b>MAIDA, GEORGE N PHD<br/>645 MAYPORT RD.<br/>3B1<br/>ATLANTIC BEACH, FL 32333</b> |
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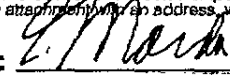
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |                                                                                                    |
| SIGNATURE <br><small>Signature, typed or printed name of registered agent and title if applicable</small>                                   | DATE <b>1-29-06</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |

|                                                                               |                                                                                                                            |                                                   |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> | <b>000000402440<br/>02/03/06-80008-010 150.00</b> |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|

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| 10. OFFICERS AND DIRECTORS                     |                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DR.<br/>MAIDA, GEORGE N DR.<br/>884 EASTCOAST DR.<br/>ATLANTIC BEACH, FL 32233</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                       |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                       |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DATE <b>1/24/06</b> DAYTIME PHONE # <b>904-249-8300</b> |