

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90025 013 ***150.00

DOCUMENT # P93000010949

1. Entity Name

**SOUTHCOAST PSYCHOTHERAPY & EDUCATION
ASSOCIATES, INC.**



Principal Place of Business

**5301 N. FEDERAL HIGHWAY
SUITE 270
BOCA RATON FL 33487
US**

Mailing Address

**5301 N. FED. HWY.
SUITE 270
BOCA RATON FL 33487
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0392512**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BALSAMA, GEORGE D
5301 N. FED. HWY.
SUITE 270
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BALSAMA, GEORGE D	
STREET ADDRESS	5301 N. FED. HWY. SUITE 270	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	KOSTOLICH, MARCUS S	
STREET ADDRESS	5301 N. FED. HWY SUITE 270	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALMAUD, ROSLYN K.	
STREET ADDRESS	5301 N. FED. HWY. SUITE 270	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NASH, PEGGY WRIGHT	
STREET ADDRESS	5301 N. FED. HWY. SUITE 270	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NAGEL, BRENDA K.	
STREET ADDRESS	5301 N. FED. HWY. SUITE 270	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

George D. Balsama

George D. Balsama

01/22/2004

561/241-6628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #