

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90017 006 \*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

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

7. Name and Address of New Registered Agent

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

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, 2006 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 ☐ Delete  
NAME BALSAMA, GEORGE D  
STREET ADDRESS 5301 N. FED. HWY. SUITE 270  
CITY-ST-ZIP BOCA RATON FL

TITLE VTD ☒ Delete  
NAME KOSTOLICH, MARCUS S  
STREET ADDRESS 5301 N. FED. HWY SUITE 270  
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ Delete  
NAME MALMAUD, ROSLYN K.  
STREET ADDRESS 5301 N. FED. HWY. SUITE 270  
CITY-ST-ZIP BOCA RATON FL

TITLE SD ☐ Delete  
NAME NASH, PEGGY WRIGHT  
STREET ADDRESS 5301 N. FED. HWY. SUITE 270  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VTD ☐ Change ☒ Addition  
NAME BALSAMA, VALERIE  
STREET ADDRESS 5301 N. FED. HWY SUITE 270  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/2006 561/241-6628

Date

Daytime Phone #