2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# P93000010949

Entity Name: SOUTHCOAST PSYCHOTHERAPY & EDUCATION ASSOCIATES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0392512 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BALSAMA, GEORGE D
Address: 5301 N. FED. HWY. SUITE 270
City-St-Zip: BOCA RATON, FL

Title: VTD ( ) Delete
Name: BALSAMA, VALERIE
Address: 5301 N. FED. HWY SUITE 270
City-St-Zip: BOCA RATON, FL 33487

Title: D ( ) Delete
Name: MALMAUD, ROSLYN K.
Address: 5301 N. FED. HWY. SUITE 270
City-St-Zip: BOCA RATON, FL

Title: SD ( ) Delete
Name: NASH, PEGGY WRIGHT
Address: 5301 N. FED. HWY. SUITE 270
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BALSAMA, GEORGE D
Address: 5301 N. FED. HWY. SUITE 270
City-St-Zip: BOCA RATON, FL 33487

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MALMAUD, ROSLYN K.
Address: 5301 N. FED. HWY. SUITE 270
City-St-Zip: BOCA RATON, FL 33487

Title: SD (X) Change ( ) Addition
Name: NASH, PEGGY WRIGHT
Address: 5301 N. FED. HWY. SUITE 270
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE D. BALSAMA PD 01/05/2009

Electronic Signature of Signing Officer or Director Date