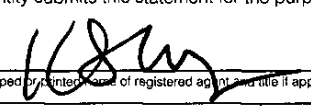
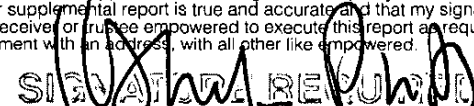


# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90226 006 \*\*\*150.00

0072274 AV

<b>DOCUMENT # P94000022510</b>			
1. Entity Name <b>KATHRYN C. SHAFER, PH.D., P.A.</b>			
Principal Place of Business <b>LIMITLESS POTENTIALS</b> <del>2151 45TH STREET #204</del> <b>W PALM BEACH FL 33407</b> US		Mailing Address <b>LIMITLESS POTENTIALS</b> <b>2151 45TH STREET #204</b> <b>W PALM BEACH FL 33407</b> US	
2. Principal Place of Business Suite, Apt. #, etc. <b>600 Sandtree Dr</b> City & State <b>Palm Beach Gardens</b> Zip <b>33403</b>		3. Mailing Address Suite, Apt. #, etc. <b>202-C</b> City & State <b>FLORIDA</b> Zip <b>33403</b>	
6. Name and Address of Current Registered Agent <b>SHAFER, KATHRYN C</b> <b>116 OCEAN PINES TER</b> <b>JUPITER FL 33477</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.			
SIGNATURE  DATE <b>7/26/01</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SHAFER, KATHRYN C</b> <b>2151 45TH ST. #110</b> <b>WEST PALM BEACH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Kathryn C Shafer PhD, LCSW, CAP</b> <b>600 Sandtree Dr. #202C</b> <b>Palm Beach Gardens, FL 33403</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		561-799-6789	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



DO NOT WRITE IN THIS SPACE

CP2E034 (5/01)



**Limitless  
Potentials, Inc.**

Psychotherapy  
Individual & Group

Kathryn C. Shafer, Ph.D.  
Licensed Clinical Social Worker  
Certified Addiction Professional  
Certified Play Therapist

Attachment  
DH#P940026570  
A0080090

**To:** Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**From:** Kathryn C. Shafer, Ph.D., LCSW, CAP

**Subject:** Filing Fee

**Date:** July 26, 2001

Enclosed is a check for \$ 150 for the filing fee for Limitless Potentials, Inc. I have been at this new address since October, 2000 and have not received any notices about fees due. Please accept this payment and notice of the address so this does not happen again.

Thank-you.

Enclosed is a check for \$ 150 for the filing fee for Limitless Potentials, Inc. I have been at this new address since October, 2000 and have not received any notices about fees due. Please accept this payment and notice of the address so this does not happen again.

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E-mail: [drshafer@bellsouth.net](mailto:drshafer@bellsouth.net) • Website: [www.mentalimagery.com](http://www.mentalimagery.com)

600 Sandtree Drive • Suite 202-C • Palm Beach Gardens, Florida 33403 • (561) 799-6789 • Fax (561) 799-6792 • By Appointment