

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90035 040 ***158.75

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1. Entity Name

ILYENE L. BARSKY, LCSW & ASSOCIATES, P.A.



Principal Place of Business

1515 UNIVERSITY DR SUITE 116A
CORAL SPRINGS FL
US

Mailing Address

1515 UNIVERSITY DR
SUITE 116A
CORAL SPRINGS FL 33071
US

2. Principal Place of Business

1515 N. University Dr.

Suite, Apt. #, etc.

116A

City & State

Coral Springs, FL

Zip

33071

Country

US

3. Mailing Address

1515 N. University Dr.

Suite, Apt. #, etc.

116A

City & State

Coral Springs, FL

Zip

33071

Country

US



MOORE

CR2E034 (11/03)

4. FEI Number

65-0514330

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARSKY, ILYENE L
1515 UNIV. DR. SUITE 116A
CORAL SPRINGS FL 33071

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 obligation of the registered agent.

SIGNATURE

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 DP
NAME BARSKY, ILYENE
STREET ADDRESS 1515 UNIVERSITY DR. SUITE 116A
CITY-ST-ZIP CORAL SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ilyene Barsky Ilyene Barsky

3/8/04 (954) 752-0460