2001	UNI	R)			FILE	D									
2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9400058094 1. Entity Name JEFFERY T. MEECH, PSY.D., P.A.								Mar 30, 2001 08:00 AM Secretary of State							
Principal Plac 1601 FORUM I STE 602 W P-ALM BEA 33401	PL	FL US		Mailing Address 1601 FORUM PL STE 602 W PALM BEACH 33401	US	FL									
2. Principal P	lace of Busin		3. Mailing Address 2161 PALM BEACH LAKES BLVD.										-		
Suite, Apt. #, etc. ste 215				Suite, Apt. #, etc. STE 215				DO NOT WRITE IN THIS SPACE							_
City & State WPALM BEAG Zip		FL		City & State WPALM BEACH Zip	Cour	FL			Number 0512067				No	plied For Applicable	
33409		US		33409	Coun	itry		5. Ce	ertificate of Sta	tus Desired		\$8.75 Fee Re			
	6. Name	and Address of Cur	rrent Re	gistered Agent				7. Na	me and Addre	ess of New F	Registere				_
MEECH JEFFRY T 7321 NAUTICA WAY LAKE WORTH FL							ddress (P.C		RY T Number is No ORES DRIVE	ot Acceptable	9)				-
33467		US				City WELLIN	IGTON			<u> </u>	F	L Zip	Code		-
8. The above	named entit	y submits_this statem	ent for th	ne purpose of changing it	s register			i ager	nt, or both, in th	e State of Fl	orida.	1 33	<u> 10 / </u>		1
SIGNATURE .		ERY T. MEE		tito if continued a 1910	TE. D:	d Agent signat.					- 03/3	0/200	1 .	<u> </u>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.				FILE NOW After MAY 1, 2 Make Check Paya	III FEE	IS \$150.6 will be \$5	00 550.00	eren Salari Salari	10. Election (Campaign Fir d Contributio	nancing			May Be to Fees	
11.		OFFICERS	AND DI		12.			ADD	ITIONS/CHAN	GES TO OFF	ICERS A				1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEECH 7321 NAU LAKE WO	TICA WAY	Г	☐ Delete FL 33467			D MEECH 4305 WE WELLIN	ELLIN	JEFFREY IGTON SHOR DN	T ES DRIVE	FL	33467	enge	☐ Addition	034 (11/
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		-						☐ Ch	inge	Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		_						☐ Cha	inge	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								☐ Cha	ange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						_		☐ Cha	inge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	e et address -st-zip						☐ Cha		Addition	
of the cor	poration or th	it of supplemental rep le receiver or trustee	empowe	is filing does not qualify for ue and accurate and that ered to execute this report all other like empowered	my signa t as requi	fure shall h	ave the car	me ler	nal effect se if	made under	oath: that	laman o	fficer o	ar director	
SIGNAT	URE: _	Jeffery T. Meech		TED NAME OF SIGNING OFFICER	R OR DIRECT	TOR		D		30/2001 Date		Daytime Ph	ne#		