


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 25, 2004 08:00 AM

Secretary of State

| | |
|--|---|
| DOCUMENT # P94000063593 1. Entity Name HODAN PSYCHOLOGICAL SERVICES, P.A. |  |
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|--|--|
| Principal Place of Business 150 153RD AVENUE SUITE 204 MADEIRA BEACH, FL 33708 US | Mailing Address 150 153RD AVENUE SUITE 204 MADEIRA BEACH, FL 33708 US |
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02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|------------------------------------|
| 4. FEI Number 59-3272356 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fees Required |

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| 6. Name and Address of Current Registered Agent HODAN, GERALD J. 150-153RD AVE. MADEIRA BEACH, FL 33708 |
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**DO NOT WRITE
IN THIS SPACE**

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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re/instating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000065503
02/25/04-80043-015 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P HODAN, GERALD 16446 REDINGTON DRIVE REDINGTON BEACH, FL 33708 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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**DO NOT WRITE
IN THIS SPACE**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

2/25/04 727-399-0806