**FILED** 

The State Development Incorporated    1. State Development Incorporated   1.50 (0.00)	· / / / / / / / / / / / / / / / / / / /				R)	Aug 25, 2003 8:00 am Secretary of State		
MOTH INSURANCE   NOTE   INSURED NAME   DELARY BEACH R. 20044   US   US   US   US   US   US   US								
Sure, Apr. #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Secretificate of Status Desired  8. Name and Address of Current Registered Agent  Name  8. Name and Address of Current Registered Agent  Name  COHEN, DEFFREY L  Sheet Address (P.O. Box Numbers is Not Acceptable)  Sheet Address (P.O. Box Numbers is Not Acceptable)  Sheet Address (P.O. Box Numbers is Not Acceptable)  City  FL  Zip Code  8. The above rained exity automate the later fund or the purpose of changing its registered agent or both, in the State of Florida. I am familiar with, and accept the objection of registered agent or both, in the State of Florida. I am familiar with, and accept the objection of registered agent or both, in the State of Florida. I am familiar with, and accept the objection of registered agent or both, in the State of Florida. I am familiar with, and accept the objection of registered agent or both, in the State of Florida. I am familiar with, and accept the object of registered agent or both, in the State of Florida. I am familiar with, and accept the object of registered agent or both, in the State of Florida. I am familiar with, and accept the object of registered agent or both, in the State of Florida. I am familiar with, and accept the object of registered agent or both, in the State of Florida. I am familiar with, and accept the object of registered agent or both, in the State of Florida. I am familiar with, and accept the object of registered agent or both, in the State of Florida. I am familiar with, and accept the object of registered agent or both, in the State of Florida. I am familiar with, and accept the accept the purpose of registered agent or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent or both, in the State of Florida Department of State  In the purpose of registered agent or both, in the State of Florida State of Florida State of Florida State of Flor	1075 HIBISCUS LANE 1075 HIB DELRAY BEACH FL 33444 DELRAY		1075 HIBISCUS LANE DELRAY BEACH FL 33444	HIBISCUS LANE				
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S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  T. Name and Address of Status Desired	Suite, Apt.	#, etc. · ·	Suite, Apt, #, etc.			☐ CHECK HERE IF MAKING CHANGES		
B. Name and Address of Current Registered Agent      COHEN, JEFFREY L  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Accepta	City & Stat	е	City & State			4. FEI Number 65-0600271 Applied For Not Applicable	-	
COHEN, JEFFREY L SA NE FOURTH AVENUE DELRAY BEACH FL 33483  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fords. I am itemitiar with, and accept the policy of registered agent, or both, in the State of Fords. I am itemitiar with, and accept the policy of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!! FEE IS \$550.00  After September 10, 2003 Fee will be \$750.00  Make Check Payable to Fordical begartered of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  ORRESP DENISE L  DERAY BEACH FL 33444  DERAY BEACH FL 33444  DENISE L SAN  SIGNATURES  DELRAY BEACH FL 33444  DENISE L SAN  SIGNATIONESS  DELRAY BEACH FL 33444  DENISE L SAN  SIGNATIONESS  DELRAY BEACH FL 33444  DENISE L SAN  SIGNATIONESS	Zip	Country	Zip	Country				
COHEN, JEFFREY L  Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		6. Name and Address of Current	Registered Agent		-	7. Name and Address of New Registered Agent	-	
DELRAY BEACH FL 33483    City			and the second of the second o			(P.O. Box Number is Not Acceptable)	1	
B. The above hamped entity submits his staterifient 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 Juped or printed where of registered agent.  FILE NOW!!! FEE IS \$550.00  After September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  GARBER, DENISE L  1075 HIBISCUS LANE  DENAY BEACH FL 33444  DENAY BEACH FL 33444  CHY-SI-ZP  DENAY BEACH FL 33444  Delete  MAKE  STREET ADDRESS  ONY-SI-ZP  DELAY BEACH FL 33444  Delete  MAKE  STREET ADDRESS  ONY-SI-ZP  DELAY BEACH FL 33443  Delete  INLE  MAKE  STREET ADDRESS  ONY-SI-ZP  DELAY BEACH FL 33443  Delete  INLE  MAKE  STREET ADDRESS  ONY-SI-ZP  DELAY BEACH FL 33443  Delete  INLE  MAKE  STREET ADDRESS  ONY-SI-ZP  DELAY BEACH FL 33443  Delete  INLE  MAKE  STREET ADDRESS  ONY-SI-ZP  DELAY BEACH FL 33443  Delete  INLE  MAKE  STREET ADDRESS  ONY-SI-ZP  Change  Addition  Change  Ch					<u> </u>	<u> </u>	1	
SIGNATURE    Signature speed or printed name of tropishered agent and tito 4 application.   (NOTE Repositived Agent appearure required when reintativing)   DATE	•			City	_ <del>_</del>	FL Zip Code	1	
FILE NOW!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State    O	the obligat	ions of registered agent.	or the purpose of changing its	registered offic	e or register	red agent, or both, in the State of Florida. I am familiar with, and accept		
Atter September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State  10.	SIGNATURE".	Signature, typed or printed name of registered agen	t and title if applicable. (NOT)	E: Registered Agent s	ignature required	d when reinstating) DATE		
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NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP  12. I hereby certify that the information supplied with his 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 the 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 expressed to skecuse this report as regulined 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.	NAME STREET ADDRESS		☐ Delete	NAME Street addre	ss	☐ Change ☐ Addition		
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	indicated of the cor changed,	on this report or supplemental report poration or the receiver or trustee each or on an attachment with an address.  URE:	of true and accurate and the nowered to execute this report with all other like empoyered.  THE REQUIR	ny signature sha as reguired by	all have the s	same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if		

ATTACHMENT

Practice Development, Inc.#PA

**Profit Through Human Potential** 

August 15, 2003

Florida Department of State Division of Corporations Uniform Business Report Filings P.O. Box Tallahassee, FL 32302-1500

Re: People Development Incorporated # P95000058016 Practice Development #p01000054381

Dear Sirs;

I moved earlier this year and did not receive the 2003 renewal form for a for profit corporation that were mailed to my last address. Therefore I was unaware of the filing deadline. I am enclosing the forms that I have just received along with the yearly fee of \$150 for each corporation and ask that you will please remove the penalty.

Thank you for your assistance with this matter.

Sincerelly

Stephen Garber