

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000004607

FILED
May 27, 2007
Secretary of State**Entity Name:** CAROL NUDELMAN, PSY. D., P.A.**Current Principal Place of Business:**7685 SW 104TH STREET
SUITE 100
MIAMI, FL 33156 US**New Principal Place of Business:****Current Mailing Address:**63 S. PROSPECT DRIVE
CORAL GABLES, FL 33133 US**New Mailing Address:**P.O. BOX
SNOWMASS VILLAGE, CO 81615 US**FEI Number:** 65-0640276**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NUDELMAN, CAROL
63 S. PROSPECT DR
CORAL GABLES, FL 33133 US**Name and Address of New Registered Agent:**NUDELMAN, CAROL
14112 HUNTINGTON POINTE DRIVE
103
DELRAY BEACH, FL 33484 US

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: _____

Electronic Signature of Registered Agent

05/27/2007

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: NUDELMAN, CAROL PSY.D.
Address: 63 S. PROSPECT DR
City-St-Zip: CORAL GABLES, FL 33133 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: NUDELMAN, CAROL PSY.D.
Address: 14112 HUNTINGTON POINTE DRIVE
City-St-Zip: DELRAY BEACH, FL 33484 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL NUDELMAN

Electronic Signature of Signing Officer or Director

PRES

05/27/2007

Date