



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90442 035 ***150.00

DOCUMENT # P96000011612						
1. Entity Name PALM BEACH GROUP FOR PSYCHOLOGICAL SERVICES, INC.						
Principal Place of Business 2240 PALM BEACH LAKES BLVD., STE. 325 WEST PALM BEACH, FL 33409			Mailing Address 2240 PALM BEACH LAKES BLVD., STE. 325 WEST PALM BEACH, FL 33409			
2. Principal Place of Business Five Harvard Circle Suite, Apt. #, etc. Ste 109 City & State West Palm Beach, FL Zip 33409 Country USA		3. Mailing Address Five Harvard Circle Suite, Apt. #, etc. Ste 109 City & State West Palm Beach, FL Zip 33409 Country USA				
4. FEI Number 65-0735929		Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent HUNT, MARY ANN K PSY.D. 2240 PALM BEACH LAKES BLVD., STE. 325 WEST PALM BEACH, FL 33409			7. Name and Address of New Registered Agent Name Five Harvard Circle Street Address (P.O. Box Number is Not Acceptable) Ste 109 City West Palm Beach, FL 33409 State 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 obligations of registered agent.						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALEXAKIS, YIANOULA PSY.D. 2240 PALM BEACH LAKES BLVD., STE. 325 WEST PALM BEACH, FL 33409		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Five Harvard Circle, Ste 109 West Palm Beach, FL 33409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNT, MARY ANN K PSY.D. 2240 PALM BEACH LAKES BLVD., STE. 325 WEST PALM BEACH, FL 33409		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Five Harvard Circle, Ste 109 West Palm Beach, FL 33409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <i>Mary Ann K. Hunt</i> 4/30/04 561-687-0244						