## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P96000011612  1. Entity Name PALM BEACH GROUP FOR PSYCHOLOGICAL SERVICES, INC.					05-03-200	04 90442 035 ***1	50.00
Principal Place	e of Business	Mailing Address					
	BEACH LAKES BLVD., STE. 325 BEACH, FL 33409	ES BLVD., STE. 3 33409	25	n ipa išuiė sam sištik spain s		Militar se padi	
2. Principal Pi	lace of Business	3. Mailing Address					
Fire	HARVARD Circle	Five Harve	ard Circ	21e 11111111	3 (11 JULEO 077 N 927 NOLIN 0	INTIL KRIJUH ITUNI CIRIL BITAH ITUIK	TANTA II HARI
Suite, Apt. #, etc.   Suite, Apt. #, etc.   5+e   109			)	0428200	4 Chg-P	CR2E034 (10/03	)
City & State West	Palm Beach FL	West Palm 1	Beach, F	4. FEI Nur 65-0	nber 735929		Applied For Not Applicable
<sup>Zip</sup> 334	og USA	33409	Country	5. Certifica	ate of Status Desired	□ <b>\$8.75</b> A	
	6. Name and Address of Current F	·		7. Name a	nd Address of New		
HINT MA	RY ANN K PSY.D.		Name				
2240 PALM BEACH LAKES BLVD. STE 325 FIVE HQ VQ O Smeet Address (P.O. Box Number is Not Acceptable)							
West-Palm Beach, FL 33409  West Palm Beach, FL 33409							
		West raim	City	PC 3340	<u></u>	FL Zip Co	ode
9 The above	named entity submits this statement for	the purpose of changing its	enistered office or	renistered agent or	both in the State of		h and accent
	ions of registered agent.	me purpose of orlanging has	egistered emice of	registered agent, or	Doin; in the Giale of	TOTOL: TOTOL TIME	ii, and accopt
SIGNATURE_		·					
	Signature, typed or printed name of registered agent a	nd fille if applicable. (NOTE.	Registered Agent signals	ure required when reinstating;		DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIO	NS/CHANGES TO O	FFICERS AND DIRECTO	
TITLE NAME	P ? ALEXAKIS, YIANOULA PSY.D.	Delete	TITLE NAME			Change	Addition
STREET ADDRESS CITY-ST-ZIP	2240 PALM BEACH LAKES BLVI WEST PALM BEACH, FL 33409	STREET ADDRESS CITY-ST-ZIP	Five Hi West Pa	Im Beac	ircle, ste L, FL 334	69	
IIITE	S	Delete	TITLE			. Change	Addition
name Street address	HUNT, MARY ANN K PSY.D. 2240 PALM BEACH LAKES BLVI	NAME STREET ADDRESS	Five Ho	ive Harvard Circle, Stc109 Jest Palm Beach, FL 33409			
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	CAY-ST-ZIP	west fa				
TITLE		☐ Delete	TITLE			Change	e 🗌 Addition
NAME STREET ADDRESS			NAME Street address	<u> </u>			ļ
CITY-ST-ZIP			CITY-ST-ZIP				
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NAME STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		Delete	TITLE NAME			Change	e 🗌 Addition
NAME STREET ADDRESS			STREET ADDRESS	ļ			į
CITY-ST-ZIP			CITY-ST-ZIP				
TOTLE		Delete	TITLE NAME			☐ Changi	e 🗔 Addition
NAME STREET ADDRESS	<u> </u>		STREET ADORESS	ĺ			•
CITY-ST-ZIP			CITY-ST-ZIP				
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:    May   10   10   10   10   10   10   10   1							
SIGNAT	TURE: ///W/W/M/V	CONTED NAME OF SIGNING OFFICER	DR DARECTOR	<u>y (x 1) 1 9</u>	). AUNT	Daytime Phone	081-0044