

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90406 035 ***150.00

DOCUMENT # P96000011612					
1. Entity Name PALM BEACH GROUP FOR PSYCHOLOGICAL SERVICES, INC.					
Principal Place of Business FIVE HARVARD CIRCLE STE 109 WEST PALM BEACH, FL 33409			Mailing Address FIVE HARVARD CIRCLE STE 109 WEST PALM BEACH, FL 33409		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0735929	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HUNT, MARY ANN K PSY.D. FIVE HARVARD CIRCLE STE 109 WEST PALM BEACH, FL 33409			Name <u>Yianoula Alexakis</u> Street Address (P.O. Box Number is Not Acceptable) <u>Five Harvard Circle #109</u> City <u>West Palm Beach</u> FL Zip Code <u>33409</u>		
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 <u>Yianoula Alexakis</u>		SIGNATURE <u>Yianoula Alexakis</u>		DATE <u>4/29/05</u>	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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. FIVE HARVARD CIRCLE STE 109 WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HUNT, MARY ANN K PSY.D. FIVE HARVARD CIRCLE STE 109 WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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: <u>Yianoula Alexakis</u>		DATE <u>4/29/05</u> DAYTIME PHONE # <u>561-687-0244</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>YIANOULA ALEXAKIS</u>					