2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000011612 **DOCUMENT #**

1. Entity Name

PALM BEACH GROUP FOR PSYCHOLOGICAL SERVICES, IN



FILED May 02, 2003 8:00 am § Secretary of State

05-02-2003 90357 001 ***150.00

c S

Principal Plac 2240 PALM BI WEST PALM B	Address ALM BEACH LAKES BLVD STE. 325 PALM BEACH FL 33409									
2. Principal F	Place of Busin	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State				4. 1	FEI Number 65-0735929 Applied For Not Applicable			
Zip	Country			Zip Cour			5. (Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name	and Address of Current F	egistered Agent			*!	7. Name and Address of New Registered Agent			
2240 PALI		AKES BLVD., STE. 325					Name Street Address (P.O. Box Number is Not Acceptable)			
WEST PAL	LM BEACH	FL 33409								
					City 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										
F After Make Check					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
10.		OFFICERS AND [DIRECTOR	RS	11.		AD	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ME ALEXAKIS, YIANOULA PSY.D. 2240 PALM BEACH LAKES BLVD.			☐ Delete				☐ Change ☐ Addition		
	S HUNT, MARY ANN K PSY.D. 2240 PALM BEACH LAKES BLVD., S WEST PALM BEACH FL 33409							☐ Change ☐ Addition		
TITLE NAME- STREET ADDRESS CITY-ST-ZIP			-	☐ Delete		1		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			_	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	portific that the	Cofermation constitute with	bio filling	Delete	CITY-	ET ADDRESS ST-ZIP	in Carlier	Change Addition		

indicated on this report or supplied with this initing 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.