FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARIMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

000 069743°

DOCUMENT# 1. Corporation Name Pamela Silver, Psy. D. P.A. Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90123 002 ***150.00

,						
Principal Place	e of Business N.W. 1 Street	Mailing Address Same			TE IN THE SPACE	
12951 N.W. 1 Street Same Apt. 201 Pembroke Pines, FL 33028				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
2. Principal F	lace of Business	2a. Mailing Address 26		4. FEI Number 65-0776112	Ar	oplied For ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certifcat a of Status Desired	□ \$8.75 / Fee Re	
City & Stat		City & State 28		6. Election Campaign Financing Trust Fund Contribution	□ \$5.00 Added	May Be to Fees
Zip 24	25 Country	Zip 29	Country 30	8. This corporation owes the curr Persona Property Tax. 10. Name and Address of New Feet Company Com	Yes	□ No
	9. Name and Address of t	Current Fegistered Agent	81 Name	To. Name a lu Address of New I	Registered Agent	
			82 Street	Address (P.O. Box Number is Not Accepta	able)	
			83			
			84 City		85 Zip (Code
office or r agent. I a	registered agent, or both, in the	07.0502 and 607.1508, Florida State of Florida. Such change was obligations of, Section 607.0505,	atutes, the above-named	corporation submits this statement for the orat on's board of directors. I hereby acces	purpose o changing its of the appointment as re	registered gistered
office or r	registered agent, or both, in the im familiar with, and accept the Signature, typed or printed name of register.	e State of Florida. Such change was obligations of, Section 607.0505, tered agent and title if applicable. (N	atutes, the above-named as authorized by the corp Florida Statutes.	oration's board of directors. I hereby accep	purpose o changing its of the appointment as re DATE FICERS A ND DIRECTO	gistered DRS IN 12
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CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

OFFICEF OR DIRECTOR