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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State
03-25-2002 90099 023 ***150.00

DOCUMENT # P97000082657

1. Entity Name
KAREN E. ENGEBRETSEN-LARASH, PSY.D., P.A.

Principal Place of Business
3325 SOUTH UNIVERSITY DRIVE SUITE 106
FORT LAUDERDALE FL 33328-2020

Mailing Address
3528 SOUTHWOOD COURT
DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1133 S. University Dr
Suite, Apt. #, etc.: 206
City & State: Plantation
Zip: 33324-3308 Country:

3. Mailing Address
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 65-0782748 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ENGEBRETSEN-LARASH , KAREN E.
3325 SOUTH UNIVERSITY DRIVE SUITE 106
FORT LAUDERDALE FL 33328-2020

7. Name and Address of New Registered Agent
Name: Karen E. Engebretsen-Larash
Street Address (P.O. Box Number Is Not Acceptable): 1133 S. University Dr
Suite 206
City: Plantation FL Zip Code: 33324-3308

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.

SIGNATURE: Karen E. Engebretsen-Larash 4/15/02
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	ENGEBRETSEN-LARASH , KAREN E
STREET ADDRESS	3528 SOUTHWOOD COURT
CITY-ST-ZIP	DAVIE FL 33328

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, D
NAME	Karen E Engebretsen-Larash
STREET ADDRESS	3528 Southwood Court
CITY-ST-ZIP	Davie, FL 33328

☑ Change ☐ Addition

CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #