

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000023725

FILED  
Nov 08, 2004  
Secretary of State

Entity Name: RONNIE SILBERSWEIG LMHC, P.A.

**Current Principal Place of Business:**

CENTER FOR BEHAVIORIAL STUDIES  
7421 NORTH UNIVERSITY DRIVE  
TAMARAC, FL 33221

**New Principal Place of Business:**

**Current Mailing Address:**

10271 N. W. 17 ST  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

FEI Number: 65-0817834

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIBERSWEIG, RONNIE  
10271 NW 17 ST  
CORAL SPRINGS, FL 33071 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SILBERSWEIG, RONNIE  
Address: 10271 NW 17 ST  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONNIE SILBERSWEIG

PRES

11/08/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date