

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000025421

FILED  
Apr 27, 2004  
Secretary of State

**Entity Name:** EMPLOYEE ASSISTANCE PROFESSIONALS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

3175 S. CONGRESS AVENUE  
SUITE 203  
PALM SPRINGS, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

3175 S. CONGRESS AVENUE  
SUITE 203  
PALM SPRINGS, FL 33461

**New Mailing Address:**

**FEI Number:** 65-0824348

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOGAN, DORIS  
4149 BRANDON DRIVE  
DELRAY BEACH, FL 33445 US

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

LOGAN, DORIS  
3175 S. CONGRESS AVENUE  
SUITE 203  
BOYNTON BEACH, FL 33461 US

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:

04/27/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LOGAN, DORIS  
Address: 4149 BRANDON DRIVE  
City-St-Zip: DELRAY BEACH, FL 33445

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

Title: MS. (X) Change ( ) Addition  
Name: LOGAN, DORIS  
Address: 3175 S. CONGRESS AVENUE  
City-St-Zip: BOYNTON BEACH, FL 33461

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: DORIS LOGAN

MS

04/27/2004

Electronic Signature of Signing Officer or Director

Date