

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000013509

Entity Name: PSYCHCENTER, INC.

FILED
Jan 19, 2005
Secretary of State

Current Principal Place of Business:

17741 SOUTHWEST 2ND STREET
PEMBROKE PINES, FL 33029

New Principal Place of Business:

17741 SOUTHWEST 2ND STREET
PEMBROKE PINES, FL 330293924

Current Mailing Address:

17741 SOUTHWEST 2ND STREET
PEMBROKE PINES, FL 33029

New Mailing Address:

17741 SOUTHWEST 2ND STREET
PEMBROKE PINES, FL 330293924

FEI Number: 65-0895355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUSTIG, DAVID A DR
17741 SW 2ND ST
PEMBROKE PINES, FL 330293924 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUSTIG, DAVID A
Address: 17741 SOUTHWEST 2ND STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VD () Delete
Name: KONDELL, JANIE T
Address: 17741 SOUTHWEST 2ND STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: STD () Delete
Name: SILVERMAN, MARVIN
Address: 17741 SOUTHWEST 2ND STREET
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LUSTIG, DAVID A
Address: 17741 SOUTHWEST 2ND STREET
City-St-Zip: PEMBROKE PINES, FL 330293924

Title: VD (X) Change () Addition
Name: KONDELL, JANIE T
Address: 17741 SOUTHWEST 2ND STREET
City-St-Zip: PEMBROKE PINES, FL 330293924

Title: STD (X) Change () Addition
Name: SILVERMAN, MARVIN
Address: 17741 SOUTHWEST 2ND STREET
City-St-Zip: PEMBROKE PINES, FL 330293924

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: DAVID A. LUSTIG

PD

01/19/2005

Electronic Signature of Signing Officer or Director

Date