

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000029667

FILED
Apr 16, 2009
Secretary of State

Entity Name: CHILDREN'S PSYCHOLOGY ASSOCIATES, INC.

Current Principal Place of Business:

440 SAWGRASS PARKWAY
SUITE 106
SUNRISE, FL 33325

New Principal Place of Business:

Current Mailing Address:

440 SAWGRASS PARKWAY
SUITE 106
SUNRISE, FL 33325

New Mailing Address:

FEI Number: 65-0908151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AZEL, JOSE
440 SAWGRASS PARKWAY
SUITE 106
SUNRISE, FL 33325 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: S () Delete
Name: LUBIN, DAVID
Address: 381 SW 190TH AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: P () Delete
Name: AZEL, JOSE
Address: 440 SAWGRASS PARKWAY, SUITE 106
City-St-Zip: SUNRISE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GABBY DURAZZI

MS

04/16/2009

Electronic Signature of Signing Officer or Director

Date