

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000044379

FILED  
Feb 02, 2006  
Secretary of State

Entity Name: WESTON CENTER FOR PSYCHOLOGICAL SERVICES INC.

## Current Principal Place of Business:

1625 N. COMMERCE PKWY  
SUITE 305  
WESTON, FL 33326

## New Principal Place of Business:

## Current Mailing Address:

1625 N. COMMERCE PKWY  
SUITE 305  
WESTON, FL 33326

## New Mailing Address:

FEI Number: 65-0957064

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAFFA-BILLER, DALIA E PSY.D  
1051 SUNFLOWER CIRCLE  
WESTON, FL 33327 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: PDT ( ) Delete  
Name: SAFFA-BILLER, DALIA E PSY.D  
Address: 1051 SUNFLOWER CIRCLE  
City-St-Zip: WESTON, FL 33326

Title: VP (X) Delete  
Name: ISER, MANUEL PSY.D  
Address: 988 SW 9TH STREET AA  
City-St-Zip: MIAMI, FL 33130

Title: S (X) Delete  
Name: HOETHKE, FREDERICK  
Address: 424 LAKEVIEW DRIVE  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: DALIA E. SAFFA-BILLER, PSY.D.

PDT

02/02/2006

Electronic Signature of Signing Officer or Director

Date