

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000106262

FILED  
Apr 08, 2005  
Secretary of State

Entity Name: CHILD PSYCHOLOGY ASSOCIATES, P.A.

## Current Principal Place of Business:

7700 RED ROAD  
SUITE 100  
MIAMI, FL 33143

## New Principal Place of Business:

7301 SW 57TH CT.  
SUITE 555  
MIAMI, FL 33143

## Current Mailing Address:

C/O GARY X LANCELOTTA  
14520 SW 77 ST  
MIAMI, FL 33183

## New Mailing Address:

FEI Number: 65-0966487      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LANCELOTTA, GARY X  
7700 RED ROAD  
SUITE 100  
MIAMI, FL 33143 US

## Name and Address of New Registered Agent:

LANCELOTTA, GARY X  
7301 SW 57TH CT.  
SUITE 555  
MIAMI, FL 33143 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/08/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LANCELOTTA, GARY X  
Address: 7700 RED ROAD SUITE 100  
City-St-Zip: SOUTH MIAMI, FL 33143

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LANCELOTTA, GARY X  
Address: 7301 SW 57TH CT., SUITE 555  
City-St-Zip: SOUTH MIAMI, FL 33143

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: GARY X LANCELOTTA, PH.D.

P

04/08/2005

Electronic Signature of Signing Officer or Director

Date