2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 26, 2005 08:00 AM DOCUMENT # S42510 **Secretary of State** THE UNIVERSITY PSYCHOTHERAPY GROUP, P.A. Principal Place of Business ... Mailing Address 10730 N 56TH STREET 10730 N 56TH STREET 210 210 TAMPA, FL 33617 US _ TAMPA, FL 33617 US 01262005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3057249 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CALLAN, JOSEPH P DO NOT WRITE 10730 N 56TH STREET **SUITE 210** IN THIS SPACE TAMPA, FL 33617 8. 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. I am familiar with and accept the obligations of registered agent. SIGNATURE Agricult, in the period time of agric ediagentand the Tapo-cade (NOTE Higg 84) od Agoni alghal i oneguno twa canehalating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Electron Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPT TITLE LAKE CALLAN, JOSEPH P. STREET ADDRESS 10730 N 56TH STREET SUITE 210 CITY-ST ZIP TAMPA, FL 33617 U00000277764 03/26/05-80042-009 150.00 ٧s TITLE ARNHOLZ, CHRISTINA NAME 10730 N 56TH STREET SUITE 210 STREET ADDRESS CITY ST ZIP TAMPA, FL 33617 TUTLE LAME STREET ADDRECTS DO NOT WRITE CITY ST ZIP IN THIS SPACE TITLE 1 At IE STREET ALLIRESS CITY ST 2IP TITLE DAME STREET ACORECG CITY ST ZIP TITLE NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(). For da Statules, I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with at other like empowered.

SIGNATURE:

STREET ADDRESS CITY ST 2IP

MATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/05 (8/3) 986-3488

FILED