

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V00591

FILED  
Jan 12, 2008  
Secretary of State

Entity Name: FAMILY PSYCHOLOGY ASSOCIATES, INC.

## Current Principal Place of Business:

685 MAIN ST.  
SUITE C  
SAFETY HARBOR, FL 34695 US

## Current Mailing Address:

685 MAIN ST.  
SUITE C  
SAFETY HARBOR, FL 34695 US

## New Principal Place of Business:

801 2ND ST. N.  
SUITE 7  
SAFETY HARBOR, FL 34695 US

## New Mailing Address:

801 2ND ST. N.  
SUITE 7  
SAFETY HARBOR, FL 34695 US

FEI Number: 59-3097140

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEMOOR-PEAL, ROSE PH.D  
7018 PELICAN ISLAND DR.  
TAMPA, FL 33634 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: P ( ) Delete  
Name: DEMOOR-PEAL, ROSE  
Address: 7018 PELICAN ISLAND DR.  
City-St-Zip: TAMPA, FL

Title: P ( ) Delete  
Name: SMITH, MICHAEL T  
Address: 2987 NORTHFIELD DR.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition  
Name: DEMOOR-PEAL, ROSE M PH.D.  
Address: 7018 PELICAN ISLAND DR.  
City-St-Zip: TAMPA, FL 33634

Title: DR. (X) Change ( ) Addition  
Name: SMITH, MICHAEL T PH.D.  
Address: 1640 PARILLA CIRCLE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DR. ( ) Change (X) Addition  
Name: GEORGE, JEFFREY PSY.D.  
Address: 1604 COUNRTY TRAILS DRIVE  
City-St-Zip: SAFETY HARBOR, FL 34695

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: ROSE M. DEMOOR-PEAL

DR.

01/12/2008

Electronic Signature of Signing Officer or Director

Date