


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90081 020 ***150.00

DOCUMENT # V02246			
1. Entity Name COMPREHENSIVE PSYCHOLOGICAL AND PSYCHIATRIC SERVICES, P.A.			
Principal Place of Business 1050 NW 15TH STREET #209 BOCA RATON FL 33486		Mailing Address 1050 NW 15TH STREET #209 BOCA RATON FL 33486	
2. Principal Place of Business		3. Mailing Address <i>1500 NW 10TH AVE</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>#104</i>	
City & State		City & State <i>BOCA RATON, FL</i>	
Zip	Country	Zip	Country
		<i>33486</i>	<i>PALM BEACH</i>
4. FEI Number 65-0188625		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZALDIVAR, LUIS R. 10888 KING BAY DR BOCA RATON FL 33428		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZALDIVAR, LUIS R. 4894 ROTHSCHILD DR. CORAL SPRINGS FL 33067	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>10888 KING BAY DR</i> <i>BOCA RATON FL 33498</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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MOORE CR2E034 (11/03)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
 Date: *1/24/04* Daytime Phone #: *561 392-4415*