

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V02246

FILED  
Mar 02, 2005  
Secretary of State

Entity Name: COMPREHENSIVE PSYCHOLOGICAL AND PSYCHIATRIC SERVICES, P.A.

**Current Principal Place of Business:**

1500 NW 10TH AVE.  
#104  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

1500 NW 10TH AVE.  
#104  
BOCA RATON, FL 33486

**New Mailing Address:**

FEI Number: 65-0188625      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZALDIVAR, LUIS R.  
10888 KING BAY DR  
BOCA RATON, FL 33428      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: ZALDIVAR, LUIS R  
Address: 10888 KING BAY DR.  
City-St-Zip: BOCA RATON, FL 33498

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: LUIS R. ZALDIVAR

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

P

03/02/2005

\_\_\_\_\_ Date