**FILED** 

Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90141 022 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## V15760 **DOCUMENT#**

1. Entity Name

C.M.E. PSYCHOLOGY CONSULTANTS, P.A.

Principal Place of Business 2100 LAKE IDA ROAD SUITE 4 DELRAY BEACH FL 33445 US 2. Principal Place of Business		Mailing Address 2100 LAKE IDA ROAD SUITE 4 DELRAY BEACH FL 33445 US 3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-0395876 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
RAPAPORT, KAREN R			Name Street Address	e (P.O. Box Number is Not Acceptable)
2100 LAKE IDA ROAD SUITE 4				
	EACH FL 33445	a	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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  PATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State				
10. OFFICERS AND		DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS POSEY, C. DALE 2100 LAKE IDA RD #4 DELRAY BEACH FL 33445	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RAPAPORT, KAREN R 2100 LAKE IDA RD #4 DELRAY BEACH FL 33445	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	يوسيد دروسيد الو فليبد مستقد الله الله الله الله الله الله الله الل	☐ Delete	TITLE, TNAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS   CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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:

Daytime Phone #