

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **708697** (8)

1. Corporation Name

**SOUTH FLORIDA PSYCHIATRIC SOCIETY, INC.**

Principal Place of Business

**1550 MADRUGA AVE  
#326  
CORAL GABLES FL 33146  
US**

Mailing Address

**POST OFFICE BOX 331266  
MIAMI FL 33233-1266**



3. Date incorporated or Qualified  
**03/24/1965**

3a. Date of Last Report  
**03/02/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number  
**59-6200176**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHELOW, DORIS J.  
1550 MADRUGA AVE  
#326  
CORAL GABLES FL 33146**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>-GEADA, JUAN R M.D.-</b>	
STREET ADDRESS	<b>-6701 SUNSET DRIVE, #242--</b>	
CITY-ST-ZIP	<b>SO MIAMI FL ---</b>	
TITLE	<b>PED</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RUBIN, RICHARD L M.D. -</b>	
STREET ADDRESS	<b>-8525 SW 92ND ST., #B8--</b>	
CITY-ST-ZIP	<b>MIAMI FL ----</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHAW, SEANA M. -</b>	
STREET ADDRESS	<b>647 E DI LIDO DRIVE--</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TOBOLOWSKY, DAVID M</b>	
STREET ADDRESS	<b>7400 N KENDALL DRIVE #310 -</b>	
CITY-ST-ZIP	<b>MIAMI FL -----</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>ABED, RAMONA M</b>	
STREET ADDRESS	<b>1420 SO BAYSHORE DRIVE #501</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GARRIDO, ANGEL M --</b>	
STREET ADDRESS	<b>747 PONCE DE LEON DR</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL --</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Rubin, Richard, M.D.</b>	
1.3 STREET ADDRESS	<b>8525 S.W. 92nd St. #B8</b>	
1.4 CITY-ST-ZIP	<b>Miami, FL. 33156</b>	
2.1 TITLE	<b>PED</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Campo-Bowen- Ana, M.D.</b>	
2.3 STREET ADDRESS	<b>5975 Sunset Drive #405</b>	
2.4 CITY-ST-ZIP	<b>Miami, FL. 33143</b>	
3.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Garrido, Angel, M.D.</b>	
3.3 STREET ADDRESS	<b>717 Ponce de Leon Blvd, #305</b>	
3.4 CITY-ST-ZIP	<b>Coral Gables, FL. 33134</b>	
4.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Steinbook, Richard, M.D.</b>	
4.3 STREET ADDRESS	<b>Dept. of Psychiatry D 29</b>	
4.4 CITY-ST-ZIP	<b>P.O. Box 016960, Miami, FL. 33101</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Pino, Fernando, M.D.</b>	
6.3 STREET ADDRESS	<b>8600 S.W. 92nd St. #203</b>	
6.4 CITY-ST-ZIP	<b>Miami, FL. 33156</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FERNANDA PINO, TREASURER**

**2/29/96**

Date

**305-665-0130**

Daytime Phone #

CR2E037 (12/95)