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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N94000002341 (5)**

1. Corporation Name
**INTERNATIONAL SOCIETY OF PSYCHIATRIC CONSULTATIO
N, LIAISON NURSES, INC.**

Principal Place of Business Mailing Address
437 TWIN BAY DR PENSACOLA FL 32534-1350

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/10/1994	3a. Date of Last Report
4. FEI Number 59-3232323	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**PUETZ, BELINDA E
437 TWIN BAY DR
PENSACOLA FL 32534-1350**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Belinda E. Puetz
STREET ADDRESS		1.3 STREET ADDRESS	437 Twin Bay Drive
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Pensacola, FL
TITLE		2.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Ann Robinette
STREET ADDRESS		2.3 STREET ADDRESS	11403 East Queensway Dr.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Temple Terrace, FL
TITLE		3.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Susan Krupnick
STREET ADDRESS		3.3 STREET ADDRESS	358 Church Road
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Jenkintown, PA
TITLE		4.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Sally Frese
STREET ADDRESS		4.3 STREET ADDRESS	433 Timberidge Drive
CITY - ST - ZIP		4.4 CITY - ST - ZIP	St. Peters, MO
TITLE		5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Jane Neese
STREET ADDRESS		5.3 STREET ADDRESS	8238 Addison Drive
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Harrisburg, NC
TITLE		6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Ramita Bonadonna
STREET ADDRESS		6.3 STREET ADDRESS	P.O. Box 1314 w/a
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Folly Beach, SC

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, as changed, or on an attachment with an address.

SIGNATURE: Belinda E. Puetz 4/25/95 904-474-4147
 BELINDA E. PUETZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Type or Print

N94 - 2341

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Celeste Shawler
2150 High Bridge Road
Wilmore, KY

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Peggy Dulaney
201 Dove Hill Circle
Easley, SC