

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002341 (5)**
1. Corporation Name

INTERNATIONAL SOCIETY OF PSYCHIATRIC CONSULTATION LIAISON NURSES, INC.



Principal Place of Business 437 TWIN BAY DR PENSACOLA FL 32534-1350	Mailing Address 437 TWIN BAY DR PENSACOLA FL 32534-1350
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3. Date Incorporated or Qualified 05/10/1994	3a. Date of Last Report 02/07/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 7794 Grow Drive Suite, Apt. #, etc.	2a. Mailing Address 26 7794 Grow Drive Suite, Apt. #, etc.
22 City & State Pensacola, FL	27 City & State Pensacola, FL
23 Zip 32514	25 Country U.S.
24 Zip 32514	30 Country U.S.

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	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUETZ, BELINDA E	1.2 NAME	Puetz, Belinda E
STREET ADDRESS	437 TWIN BAY DRIVE	1.3 STREET ADDRESS	7794 Grow Drive
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Pensacola, FL 32514
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINETTE, ANN	2.2 NAME	
STREET ADDRESS	11403 EAST QUEENSWAY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUPNICK, SUSAN	3.2 NAME	Krupnick, Susan
STREET ADDRESS	358 CHURCH RD	3.3 STREET ADDRESS	119 Richardson Corner Road
CITY-ST-ZIP	JENKINTOWN PA	3.4 CITY-ST-ZIP	Charlton, MA 01507
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRESE, SALLY	4.2 NAME	
STREET ADDRESS	433 TIMBERIDGE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERS MO	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEESE, JANE	5.2 NAME	
STREET ADDRESS	8238 ADDISON DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG NC	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONADONNA, RAMITA	6.2 NAME	
STREET ADDRESS	PO BOX 1314	6.3 STREET ADDRESS	
CITY-ST-ZIP	FOLLY BEACH SC	6.4 CITY-ST-ZIP	

14. I do 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 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: B. BONADONNA 4-28-97 904-474-4142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073426

CR2E037 (9/96)