

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 22 1998 8:00am
 Secretary of State

0013073

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 CONSULTATIO
 N LIAISON NURSES, INC.**



Principal Place of Business 7794 GROW DR PENSACOLA FL 32514 US	Mailing Address 7794 GROW DR PENSACOLA FL 32514 US	3. Date Incorporated or Qualified 05/10/1994
		4. FEI Number 59-3232323
		Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip 24	Country 25	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip 29	Country 30	

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) 7794 Grow Drive	
		83	
		84 City Pensacola	85 Zip Code FL 32514

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: *Belinda E. Puetz* **Belinda E. Puetz** DATE: **7-14-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PUETZ, BELINDA E		1.2 NAME	
STREET ADDRESS 7794 GROW DR		1.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL		1.4 CITY-ST-ZIP	
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" 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 P	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KRUPNICK, SUSAN		3.2 NAME	
STREET ADDRESS 119 RICHARDSON CORNER RD		3.3 STREET ADDRESS	
CITY-ST-ZIP CHARLESTON MA		3.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRESE, SALLY		4.2 NAME	
STREET ADDRESS 833 TIMBERIDGE DR		4.3 STREET ADDRESS	
CITY-ST-ZIP ST PETERS MO		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Belinda E. Puetz* **Belinda E. Puetz** DATE: **7-14-98** (850)474-4147
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)