

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 10 AM 9:13**

**CORPORATION**  
**ANNUAL REPORT**  
**1995**



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

**DOCUMENT # P93000077371 (1)**

1. Corporation Name

**RANDOLPH F. BROCK, PSY. D., P.A.**

Principal Place of Business

1700 E LAS OLAS BLVD  
 SUITE 102  
 FT LAUDERDALE FL 33301

Mailing Address

1700 E LAS OLAS BLVD  
 SUITE 102  
 FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/03/1993

3a. Date of Last Report

02/23/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

4. FEI Number

65-0451722

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

**BROCK, RANDOLPH F**  
**1700 E LAS OLAS BLVD**  
**SUITE 102**  
**FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

01 Name

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

03

04 City

**FL**

05 Zip Code

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

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

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

|                |                                       |
|----------------|---------------------------------------|
| TITLE          | <b>D</b>                              |
| NAME           | <b>BROCK, RANDOLPH F</b>              |
| STREET ADDRESS | <b>1700 E LAS OLAS BLVD SUITE 102</b> |
| CITY-ST-ZIP    | <b>FT LAUDERDALE FL 33301</b>         |
| TITLE          |                                       |
| NAME           |                                       |
| STREET ADDRESS |                                       |
| CITY-ST-ZIP    |                                       |
| TITLE          |                                       |
| NAME           |                                       |
| STREET ADDRESS |                                       |
| CITY-ST-ZIP    |                                       |
| TITLE          |                                       |
| NAME           |                                       |
| STREET ADDRESS |                                       |
| CITY-ST-ZIP    |                                       |
| TITLE          |                                       |
| NAME           |                                       |
| STREET ADDRESS |                                       |
| CITY-ST-ZIP    |                                       |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*Randolph F. Brock, Psy. D., P.A.*

SIGNATURE APPEARING ON OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Registered Agent #