

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90007 032 ***150.00

0065148

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000077371

1. Corporation Name

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



Principal Place of Business 901 S FEDERAL HWY PENTHOUSE 1 FT LAUDERDALE FL 33316 US	Mailing Address 901 S FEDERAL HWY PENTHOUSE 1 FT LAUDERDALE FL 33316 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/03/1993	
4. FEI Number 65-0451722	Applied For 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 owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BROCK, RANDOLPH F 901 S FEDERAL HWY PH1 FT LAUDERDALE FL 33316				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	

I, 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 reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	D. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	BROCK, RANDOLPH F	1.2 NAME	
REET ADDRESS	1700 E LAS OLAS BLVD SUITE 102	1.3 STREET ADDRESS	
Y-ST-ZIP	FT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		2.2 NAME	
REET ADDRESS		2.3 STREET ADDRESS	
Y-ST-ZIP		2.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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 607, 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* 7/6/99 954-764-8216
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)



RANDOLPH FREDERICK BROCK, Psy. D., P.A.
Clinical and Consulting Psychologist
Florida Licensed • PY0003893
901 South Federal Highway • Penthouse 1
Fort Lauderdale, Florida 33316
Phone: (954) 764-8216
Fax: (954) 764-3968

P93000077371
587054-90007-32

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

July 6, 1999

To Whom It May Concern:

We never received a first notice for filing the corporation annual report. Enclosed is a check for \$150.00 as the paperwork only arrived last week. This is a new position for me and I didn't know that this needed to be filed. I will know for next year if this should happen again. If there is a problem with this then please contact me at 954-764-8216.

Thank you for your assistance in advance.

Sincerely,

Ira Klein
Administrator

Member:

American Psychological Association
Division of Clinical Psychology
Division of Humanistic Psychology
Independent Practice Council for the National Register of Health Service Providers In Psychology

Florida Psychological Association
Broward County Psychological Association
Association for Humanistic Psychology