

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 04 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000022149 (4)
1. Corporation Name
PSYCHOPTIONS AFFILIATES, INC.



Principal Place of Business: 1450 MADRVGA AVE., SUITE 208 CORAL GABLES FL 33146
Mailing Address: 1450 MADRVGA AVE., SUITE 208 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1380 MIAMI GARDENS DR, Ste 165	26	P.O. Box 69-4441	03/12/1996	
22	MIAMI, FL	27	MIAMI, FL	4. FEI Number: 65-0650648	
23	33179 USA	28	33269 USA	Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>	
24		25		5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing: <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		7. 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	

9. Name and Address of Current Registered Agent
LOUGACHI, BERYL
1450 MADRVGA AVE., SUITE 208
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
81 Name: LOUGACHI, BERYL
82 Street Address (P.O. Box Number is Not Acceptable): 1380 MIAMI GARDENS DR, Ste 165
83 City: MIAMI, FL
84 Zip Code: 33179

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *B. Lougachi*
Signature, type or print name of registered agent and title, if any (None) (None) Registered Agent signature required when reinstating. DATE:

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOUGACHI, BERYL	
STREET ADDRESS	3939 LA GORGE DR	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1380 MIAMI GARDENS DR, Ste 165
1.4 CITY-ST-ZIP	MIAMI, FL 33179
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kleinman, Amy
2.3 STREET ADDRESS	1380 MIAMI GARDENS DR, Ste 165
2.4 CITY-ST-ZIP	MIAMI, FL 33179
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 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: *[Signature]* (305) 940-8180

CP2E034 (10/97)