

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90043 030 \*\*\*158.75

**DOCUMENT # 404083**

1. Entity Name

**INSTITUTE OF EVALUATION, DIAGNOSIS AND  
TREATMENT, INC.**



Principal Place of Business

**1311 ALHAMBRA CIR  
CORAL GABLES FL 33134  
US**

Mailing Address

**1311 ALHAMBRA CIR  
CORAL GABLES FL 33134  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

**59-1445889**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUMPHRIES, DR. JOAN  
1311 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete  
NAME **HUMPHRIES, DR. CHARLES C**  
STREET ADDRESS **1311 ALHAMBRA CIRCLE**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **SD** ☐ Delete  
NAME **HUMPHRIES, HERREID CHARL**  
STREET ADDRESS **1311 ALHAMBRA CIRCLE**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **TD** ☐ Delete  
NAME **POLLOCK, PEGGY**  
STREET ADDRESS **1311 ALHAMBRA CIRCLE**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **PD** ☐ Delete  
NAME **HUMPHRIES, DR. JOAN R.**  
STREET ADDRESS **1311 ALAHAMBRA CIRCLE**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Dr. Joan R. Humphries*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Dr. Joan R. Humphries*  
Date

*4/9/04 3054438433*  
Daytime Phone #