FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

'95 MAR -3 AM 8: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 582475 (0)

1. Corporation Name
HARVEY J. BROMAN, PH.D., P.A.

Principal Place of Business
4330 WEST BROWARD BLVD.
SUITE F
PLANTATION FL 33317

Mailing Address
4330 WEST BROWARD BLVD.
SUITE F
PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 4478 N. University Dr.
22 Suite, Apt. #, etc. Lauderhill
23 City & State Lauderhill, Florida
24 33351 25 County Broward

2a. Mailing Address
26 4478 N. University Dr.
27 Suite, Apt. #, etc.
28 City & State Lauderhill Florida
29 Zip 33351 30 Country Broward

3. Date Incorporated or Qualified 08/16/1978
3a. Date of Last Report 04/29/1994
4. FEI Number 59-1840666 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
BROMAN, HARVEY J. PH.D.
4330 WEST BROWARD BLVD F
PLANTATION, FL LP 33317

10. Name and Address of New Registered Agent
81 Name Harvey Broman
82 Street Address (P.O. Box Number is Not Acceptable) 4488 North University Drive
83 c/o Comprehensive Counseling Center
84 City Lauderhill FL 85 Zip Code 33351

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] HARVEY BROMAN — NOTE: Registered Agent signature required when reinstating — DATE 2/25/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROMAN, HARVEY J.
STREET ADDRESS	4330 W. BROWARD BLVD.
CITY-ST-ZIP	PLANTATION FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☑ Change ☐ Addition
1.2 NAME	BROMAN, Harvey J.	
1.3 STREET ADDRESS	4478 N. University Drive	
1.4 CITY-ST-ZIP	Lauderhill FL 33351	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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)(k), 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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/95 — Date

305 741-1555 — Daytime Phone #

0026744 CP