

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 603071 (2)

1. Corporation Name

MICHAS, VALENTINE, & GILL PSYCHIATRIC ASSOCIATES
P.A.



Principal Place of Business

235 CARMEL DRIVE
FORT WALTON BEACH FL 32547-1957

Mailing Address

235 CARMEL DRIVE
FORT WALTON BEACH FL 32547-1957

3. Date Incorporated or Qualified

09/01/1971

3a. Date of Last Report

01/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1364817

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MICHAS GEORGE A
235 CARMEL DRIVE
FT WALTON BCH FL 32548

81 Name

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

83

84 City

FL

85 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
VD
VALENTINE, E.R.
STREET ADDRESS
235 CARMEL DRIVE
CITY-STATE-ZIP
FT WALTON BCH, FL 00000

TITLE ☐ DELETE

NAME
PD
MICHAS, GEORGE A
STREET ADDRESS
235 CARMEL DRIVE
CITY-STATE-ZIP
FT WALTON BCH, FL 00000

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-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)(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, changed, or on an attachment with an address

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)