

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # 708697 (8)

1. Corporation Name

SOUTH FLORIDA PSYCHIATRIC SOCIETY, INC.

95 MAR -2 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1550 MADRUGA AVE
#326
CORAL GABLES FL 33146
US

POST OFFICE BOX 331266
MIAMI FL 33233-1266

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/24/1965	3a. Date of Last Report 03/25/1994
4. FEI Number 59-6200176	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHELOW, DORIS J.
1550 MADRUGA AVE
#326
CORAL GABLES FL 33146

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0702 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 607.0805, Florida Statutes.

SIGNATURE *Doris Shellow*

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	D	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATT, JOHN E MD	1.2 NAME	Juan Rene Geda, M.D.
STREET ADDRESS	1900 CORAL WAY	1.3 STREET ADDRESS	6701 Sunset Drive #212
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	So. Miami, FL. 33143
TITLE	PED	2.1 TITLE	PED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEADA, JUAN R	2.2 NAME	Richard L. Rubin, M.D.
STREET ADDRESS	6701 SUNSET DR	2.3 STREET ADDRESS	8525 S.W. 92nd St. #B8
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33156
TITLE	VD	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK, SHELDON M	3.2 NAME	Seana Shaw, M.D.
STREET ADDRESS	8525 SW 92ND ST	3.3 STREET ADDRESS	617 E. Di Lido Drive
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami Beach, FL. 33139
TITLE	V	4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODKIN, KARL M	4.2 NAME	David Tobolowsky, M.D.
STREET ADDRESS	1425 NW 10TH AVE #302	4.3 STREET ADDRESS	7400 N. Kendall Drive #310
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL. 33156
TITLE	S	5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBOLOWSKY, DAVID MD	5.2 NAME	Ramona Abed, M.D.
STREET ADDRESS	7400 N KENDALL DR	5.3 STREET ADDRESS	1420 So. Bayshore Drive #501
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL. 33131
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRIDO, ANGEL M	6.2 NAME	
STREET ADDRESS	717 PONCE DE LEON DR	6.3 STREET ADDRESS	Same as listed in #12
CITY-ST-ZIP	CORAL GABLES FL	6.4 CITY-ST-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 its receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Angel Garrido*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Angel Garrido, M.D.

Date: 2-25-95
City/Phone #: (305) 665-0130