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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 708697 (8)

1. Corporation Name
SOUTH FLORIDA PSYCHIATRIC SOCIETY, INC.



Principal Place of Business 1550 MADRUGA AVE #326 CORAL GABLES FL 33146 US	Mailing Address POST OFFICE BOX 331266 MIAMI FL 33233-1266
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3. Date incorporated or Qualified 03/24/1965	3a. Date of Last Report 03/02/1995
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-6200176	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

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

<p>9. Name and Address of Current Registered Agent</p> <p>SHELLOW, DORIS J. 1550 MADRUGA AVE #326 CORAL GABLES FL 33146</p>	<p>10. Name and Address of New Registered Agent</p> <p>81 Name</p> <p>82 Street Address (P.O. Box Number is Not Acceptable)</p> <p>83</p> <p>84 City</p> <p style="text-align: right;">FL 85 Zip Code</p>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>D GEADA, JUAN R M.D. <input checked="" type="checkbox"/> DELETE 6701 SUNSET DRIVE, #212 SO MIAMI FL - - -</p>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<p>D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rubin, Richard, M.D. 8525 S.W. 92nd St. #B8 Miami, FL. 33156</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>PED <input checked="" type="checkbox"/> DELETE RUBIN, RICHARD L. M.D. - 8525 SW 92ND ST. #B8 - MIAMI FL - - - -</p>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<p>PED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Campo-Bowen- Ana, M.D. 5975 Sunset Drive #405 Miami, FL. 33143</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>VD <input checked="" type="checkbox"/> DELETE SHAW, SEANA M. - 617 E DI LIDO DRIVE - - MIAMI BEACH FL</p>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<p>VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Garrido, Angel, M.D. 717 Ponce de Leon Blvd, #305 Coral Gables, FL. 33134</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>V <input checked="" type="checkbox"/> DELETE TOBOLOWSKY, DAVID M 7400 N KENDALL DRIVE #310 - MIAMI FL - - - - -</p>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<p>V <input type="checkbox"/> Change <input type="checkbox"/> Addition Steinbook, Richard, M.D. Dept. of Psychiatry D 29 P.O. Box 016960, Miami, FL. 33101</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>S <input type="checkbox"/> DELETE ABED, RAMONA M 1420 SO BAYSHORE DRIVE #501 MIAMI FL</p>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>T <input checked="" type="checkbox"/> DELETE GARRIDO, ANGEL M - - 717 PONCE DE LEON DR CORAL GABLES FL - -</p>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<p>T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pino, Fernando, M.D. 8600 S.W. 92nd St. #203 Miami, FL. 33156</p>

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **2/29/96** **305-665-0130**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
FERNANDA PINO, TREASURER

CR2E037 (12/95)