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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 03/07/1996
4. FEI Number 59-6200176	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**SHELLOW, DORIS J.
1550 MADRUGA AVE #326
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

N/A

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	RUBIN, RICHARD M
STREET ADDRESS	8525 SW 92ND STREET, #B8
CITY-ST-ZIP	MIAMI FL
TITLE	PED <input checked="" type="checkbox"/> DELETE
NAME	CAMPO-BOWEN, ANA M
STREET ADDRESS	5975 SUNSET DRIVE, #405
CITY-ST-ZIP	MIAMI FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	GARRIDO, ANGEL M
STREET ADDRESS	717 PONCE DE LEON BLVD, #305
CITY-ST-ZIP	CORAL GABLES FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	STEINBOOK, RICHARD M
STREET ADDRESS	DEPT. OF PSYCHIATRY, D-29, P.O. BOX 016960
CITY-ST-ZIP	MIAMI FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	ABED, RAMONA M
STREET ADDRESS	1420 SO BAYSHORE DRIVE #501
CITY-ST-ZIP	MIAMI FL
TITLE	T <input type="checkbox"/> DELETE
NAME	PINO, FERNANDO M
STREET ADDRESS	8600 SW 92ND STREET, #203
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Campo-Bowen, Ana E.
1.3 STREET ADDRESS	2701 S. Bayshore Dr. #305
1.4 CITY-ST-ZIP	Miami, FL. 33133
2.1 TITLE	PED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Richard S. Steinbook, M.D.
2.3 STREET ADDRESS	Dpt. of Psychiatry - D. 29
2.4 CITY-ST-ZIP	PO Box 016960, Miami, FL 33101
3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Daniel Castellanos, M.D.
3.3 STREET ADDRESS	1150 N.W. 14th Street #501
3.4 CITY-ST-ZIP	Miami, FL. 33136
4.1 TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Eugenio Rothe, M.D.
4.3 STREET ADDRESS	275 Glenridge Rd.
4.4 CITY-ST-ZIP	Key Biscayne, FL. 33149
5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Rigoberto Rodriguez., M.D.
5.3 STREET ADDRESS	7400 N. Kendall Drive #416
5.4 CITY-ST-ZIP	Miami, FL. 33156
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 _____ address.

SIGNATURE: **Ana E. Campo-Bowen, M.D.** **3/28/97** **305-859-2256**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033919

CR2E037 (9/96)