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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
4. FEI Number 59-6200176	Applied For <input type="checkbox"/> Not Applicable

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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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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CAMPO-BOWEN, ANA E 2701 S. BAYSHORE DR., #305 MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED STEINBOOK, RICHARD S M.D. P.O.B OX 016960 N/A DEPT PF PSYCH D 29 MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASTELLANOS, DANIEL M 1150 N.W. 14TH STREET., #501 MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROTHE, EUGENIO M 275 GLENRIDGE RD KEY BISCAYNE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, RIGOBERTO M 7400 N. KENDALL DRIVE., #418 MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PINO, FERNANDO M 8600 SW 92ND STREET, #203 MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STEINBOOK, RICHARD M. 1611 N.W. 12th Avenue #112B Miami, FL. 33136
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PED DAVID M. TOBOLOWSKY, M.D. 7400 North Kendall Drive #310 Miami, FL. 33156
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD SUE M. LEUSCHKE, M.D. P.O. Box 901328 Homestead, FL. 33090
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition N/A
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition S Same as listed in Box 12
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T CASTELLANOS, DANIEL M. 1150 N.W. 14th Street #501 Miami, FL. 33136

14. I 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 an address.

SIGNATURE: *[Signature]* **2/25/98** **(315) 243-1270**

CR2E037 (10/97)