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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 708697

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/24/1965

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-6200176

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

29 Zip 30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 CD  DELETE  
NAME STEINBOOK, RICHARD M  
STREET ADDRESS 1611 M.W. - 12TH AVENUE, #128  
CITY-ST-ZIP MIAMI FL 33136

1.1 TITLE CD  Change  Addition  
1.2 NAME Tobolowsky David, M.D.  
1.3 STREET ADDRESS 7400 N. Kendall Drive #310  
1.4 CITY-ST-ZIP Miami, FL, 33156

TITLE PED  DELETE  
NAME TPBP, PWSLU, DAVOD, D --  
STREET ADDRESS 7400 NORTH KENDALL DRIVE, #310  
CITY-ST-ZIP MIAMI FL 33156

2.1 TITLE PED  Change  Addition  
2.2 NAME RODRIGUEZ, Rigoberto, M D  
2.3 STREET ADDRESS 7400 N. Kendall Drive #205  
2.4 CITY-ST-ZIP Miami, FL, 33156

TITLE VD  DELETE  
NAME LEUSGHKE, SUE M MD --  
STREET ADDRESS PO BOX 901328  
CITY-ST-ZIP HOMESTEAD FL 33090

3.1 TITLE VD  Change  Addition  
3.2 NAME FELTMAN, DOUGLAS  
3.3 STREET ADDRESS 627 Camilo Ave.  
3.4 CITY-ST-ZIP Coral Gables, FL, 33134

TITLE V  DELETE  
NAME ROTHE, EUGENIO M --  
STREET ADDRESS 275 GLENRIDGE RD --  
CITY-ST-ZIP KEY-BISCAYNE FL --

4.1 TITLE N/A  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE S  DELETE  
NAME RODRIGUEZ, RIGOBERTO M ---  
STREET ADDRESS 7400 N. KENDALL DRIVE, #416 --  
CITY-ST-ZIP MIAMI FL -----

5.1 TITLE S  Change  Addition  
5.2 NAME ROTHE, EUGENIO M., M.D.  
5.3 STREET ADDRESS 275 Glenridge Rd.  
5.4 CITY-ST-ZIP Key Biscayne, FL, 33149

TITLE T  DELETE  
NAME CASTELLANOW, DANIEL M  
STREET ADDRESS 1150 N.W. 14TH STREET, #501  
CITY-ST-ZIP MIAMI FL 33136

6.1 TITLE Same as listed, only name is  
6.2 NAME misspelled, as is address  
6.3 STREET ADDRESS CASTELLANOS, DANIEL M.D.  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99 305 665-0130  
Date Daytime Phone

CRZ037 (1/198)