

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

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95 APR 19 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # 718621 (6)

1. Corporation Name
DADE COUNTY PSYCHOLOGICAL ASSOCIATION, INC.

Principal Place of Business Mailing Address

% CAROL KLOPPER
6800 SW 40 STR #227
MIAMI FL 33155
US

% CAROL KLOPPER
6800 SW 40 STR #227
MIAMI FL 33155
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/03/1970 3a. Date of Last Report 04/08/1994

4. FEI Number 52-1252314 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 % KATHARINE B. FITZHUGH
Suite, Apt. #, etc. 26 % KATHARINE B. FITZHUGH
Suite, Apt. #, etc.

22 2400 S. DIKE HWY. # 102 27 2400 S. DIKE HWY. #102
City & State City & State

23 MIAMI, FL 28 MIAMI, FL
Zip Country Zip Country

24 33133 25 USA 29 33133 30 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent

MARTIN GREENBAUM, ESQ
1301 DADE BLVD.
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name W BARRY BLUM
82 Street Address (P.O. Box Number is Not Acceptable) 200 BISCAYNE BLVD.
83 SUITE 3150
84 City MIAMI FL 85 Zip Code 33131

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE *W Barry Blum* W BARRY BLUM DATE 4-6-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BOSWELL, PHILIP C	11 TITLE	PD BACHER, NANCY W <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 CATALONIA AVE #802	12 NAME	2875 NE 191 ST PH2
STREET ADDRESS	CORAL GABLES FL	13 STREET ADDRESS	NORTH MIAMI BEACH, FL 33180
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	SD FELDMAN, ESTHER	21 TITLE	SD KLOPPER, CAROL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20805 NE 22 COURT	22 NAME	6800 SW 40 ST #227
STREET ADDRESS	MIAMI FL	23 STREET ADDRESS	MIAMI, FL 33155
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	VD BACHER, NANCY W	31 TITLE	VD BLUM, LORI PLUTKIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2875 NE 191 STR, PH2	32 NAME	6900 SW 73 ST. #201
STREET ADDRESS	NO MIAMI BCH FL	33 STREET ADDRESS	SOUTH MIAMI, FL 33143
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	TD KLOPPER, CAROL	41 TITLE	TD FITZHUGH, KATHARINE B. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6800 SW 40 STR #227	42 NAME	2400 SOUTH DIKE HWY. # 102
STREET ADDRESS	MIAMI FL	43 STREET ADDRESS	MIAMI, FL 33133
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(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: *Katharine B. Fitzhugh* 4/14/95 (305) 858-1619
KATHARINE B. FITZHUGH Date (Typed Name)