

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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: C/O KATHERINE B. FITZHUGH, 2400 S. DIXIE HWY #102, MIAMI FL 33133, US
Mailing Address: C/O KATHARINE B. FITZHUGH, 2400 S. DIXIE HWY #102, MIAMI FL 33131, US
SHOULD BE 33133

3. Date Incorporated or Qualified: 06/03/1970
3a. Date of Last Report: 04/19/1995
4. FEI Number: 52-1252314
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with handwritten zip code 33133.

9. Name and Address of Current Registered Agent: BLUM, W. BARRY, 200 BISCAYNE BLVD, STE 3150, MIAMI FL 33133
SHOULD BE 33131

10. Name and Address of New Registered Agent (81-85) fields.

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's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BACHER, NANCY W.	
STREET ADDRESS	2875 NE 191 ST PH 2	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KLOPFER, CAROL	
STREET ADDRESS	6800 SW 40 ST. #227	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BACHER, NANCY W	
STREET ADDRESS	2875 NE 191 STR, PH2	
CITY-ST-ZIP	NO MIAMI BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FITZHUGH, KATAHRINE B.	
STREET ADDRESS	2400 SOUTH DIXIE HWY #102	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BLUM, LOUI PLOTKIN	
1.3 STREET ADDRESS	5900 S.W. 73 ST. #201	
1.4 CITY-ST-ZIP	SOUTH MIAMI, FL 33143	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HARMON, LARRY	
3.3 STREET ADDRESS	2000 SOUTH DIXIE HWY. #103	
3.4 CITY-ST-ZIP	MIAMI, FL 33133	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: *Yaltonia...* 4/10/96 (305) 858-1619
DATE: 4/10/96 DAYTIME PHONE: (305) 858-1619

CR2E037 (12/95)