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FILED
Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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	
C/O KATHERINE B. FITZHUGH 2400 S. DIXIE HWY #102 MIAMI FL 33133 US		C/P KATHARINE B FITZHUGH 2400 S DIXIE HIGHWAY. #102 MIAMI FL 33133 US	
2. Principal Place of Business		2a. Mailing Address	
21 14520 S.W. 77 ST.	26 14520 S.W. 77 ST.	22	27
City & State		City & State	
23 MIAMI, FL		28 MIAMI, FL	
24 33183	25 USA	29 33183	30 USA

3. Date Incorporated or Qualified	06/03/1970
4. FEI Number	52-1252314
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				10. Name and Address of New Registered Agent			
BLUM, W. BARRY 200 BISCAYNE BLVD STE 3150 MIAMI FL 33131				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARMON, LARRY		1.2 NAME	DEROIAN, PAMELA			
STREET ADDRESS	2000 S DIXIE HWY #103		1.3 STREET ADDRESS	PSYCHOLOGICAL SERVICES CTR UNIV OF MIAMI			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	CORAL GABLES FL 33124			
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT ELECT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KLOPFER, CAROL		2.2 NAME	BILCO-LIBBIN RAQUEL			
STREET ADDRESS	6800 SW 40 ST. #227		2.3 STREET ADDRESS	1125 N. SHORE DR.			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141			
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DEROIAN, PAMELA		3.2 NAME	VERA, WILFREDO			
STREET ADDRESS	PSYCHOLOGICAL SVCS CTR UNIV OF MIAMI		3.3 STREET ADDRESS	301 ALMERIA AVE #108			
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	CORAL GABLES, FL 33134			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FITZHUGH, KATHARINE B.		4.2 NAME	LANCELOTTA, GARY			
STREET ADDRESS	2400 SOUTH DIXIE HWY #102		4.3 STREET ADDRESS	14520 S.W. 77 ST.			
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	MIAMI, FL 33183			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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.

SIGNATURE: Gary Lancelotta 4/22/98

CFR2037 (10/97)