FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 **DOCUMENT** #

718621

(6)

| DADE COUNTY PSYCHOLOGICAL ASSOCIATION, INC. Principal Place of Business Mailing Address | | | | | |
|--|--|---|---|--|--|
| rincipal Flac | De OI DUSINESS | Maining Address | | | |
| 2400 S. DIXIE I MIAMI FL 3313 | | C/P KATHARINE B FITZHUGH 2400 S DIXIE HIGHWAY. #10 MIAMI FL 33133 | | Date Incorporated or Qualified 06/03/1970 FEI Number | Applied For |
| oh Ga | RY LANCELOTTA PL. | Dus 40 GARY LA | NCELOTTA | 52-1252314 | Not Applicable |
| 2. Principal P | Place of Business) | Maning Address | | | A0 75 |
| 1452 | U S.W. M ST. | 26 14520 S.W | .77 ST | 5. Certificate of Status Desired | Fee Required |
| Suite, Apt. | ₩, etc. | Suite, Apt. #, etc. | • | 6. Election Campaign Financing | \$5.00 May Be |
| City & Stat | | City & State | | Trust Fund Contribution | Added to Fees |
| 23 MIP | | <u> </u> | 7 | 7- Is this nonprofit corporation a homeo | |
| Zip | Country | Zip) | Country | 8. This corporation owes or has paid the | |
| 24 331 | | ├ ─ | -A2U 6 | Personal Property Tax due June 30. | Yes No |
| | 9. Name and Address of Current | | | 10. Name and Address of New Registe | ered Agent |
| | | | 81 Name | | |
| BLUM, W. BARRY | | | 82 Street Addr | ess (P.O. Box Number is Not Acceptable) | |
| 200 BISCAYNE BLVD | | | | | |
| STE 315 | | | 83 | | |
| MIAMI F | L 33131 | | 84 City | | 85 Zip Code |
| | | | | | ┡┺╢ |
| office or i | to the provisions of Sections 617.0502 registered agent, or both, in the State of | and 617.1508, Florida Statutes of Florida: Such change was au | , the above-named corp thorized by the corporati | poration submits this statement for the purpo- tion's board of directors. I hereby accept the | se of changing its registered appointment as registered |
| agent. I a | am familiar with, and accept the obligat | ions of, Section 617.0503, Flori | da Statutes. | , , | • |
| SIGNATURE | Signature, typed or printed name of registered agent | A)OT | | | TF. |
| 12. | OFFICERS AND | | Registered Agent signature require 13. | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 12 |
| TITLE | PD | DELETE | | 0.0 | Change |
| NAME | HARMON, LARRY | | | | |
| STREET ADDRESS | 2000 S DIXIE HWY #103 | | 1.3 STREET ADDRESS | IERO IAN, PAMELA SYCHOLOGICAL SERVICES C | ir univ of mirm |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY-ST-ZIP | ORAL GABLES FL 3313 | 4 ' |
| TITLE | SD | ☐ DELETE | 2.1 TITLE PR | ESIDENT ELECT | Change X Addition |
| NAME | KLOPFER, CAROL | | 2.2 NAME BY | LO-LIBBIN RAQUEL | |
| STREET ADDRESS | 6800 SW 40 ST. #227 | | 2.3 STREET ADDRESS | LO-LIBBIN RAQUEL | • |
| CITY-ST-ZIP | MIAMI FL | | 2.4 CITY-ST-ZIP | HAMI ISEHEH, FL 3341 | |
| TITLE | VD | ☐ DELETE | 3.1 TITLE S | ECRETARY | Change Addition |
| NAME | DEROIAN, PAMELA | | 3.2 NAME | ERA WILFREDO OI ALMERIA AVE #17 | 8 |
| STREET ADDRESS | PSYCHOLOGICAL SVCS CTR L | JNIV OF MIAMI | | of HUMERIA HVE #17 | 8 |
| CITY-ST-ZIP | CORAL GABLES FL | | | ORAL OABLES FI 331 | 39 |
| TITLE | TD | DELETE | 4.1 TITLE | REASURER | Change Addition |
| NAME | FITZHUGH, KATAHRINE B. | | 4.2 NAME | ANCELOITA GARY | - |
| STREET ADDRESS | 2400 SOUTH DIXIE HWY #102 | | 4.3 STREET ADDRESS | 45.20 2.00.19 21 | • |
| CITY-ST-ZIP | MIAMI FL | ☐ DELETE | 4.4 CITY-ST-ZIP | MAM, PC 33183 | Change Addition |
| TITLE | | ☐ perese | 5.1 TITLE | • | Ti cuanda Ti vooman |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| | | | 5 4 0/TV 07 7:0 | | |
| CITY-ST-ZIP TITLE | | DFLFTF | 5.4 CITY-ST-ZIP | | Change Addition |
| TITLE NAME | | ☐ DELETE | 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME | | Change Addition |

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:

FILED

Apr 29 1998 8:00am

Secretary of State