

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90168 018 \*\*\*\*61.25

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**DOCUMENT # 718621**

1. Corporation Name

**DADE COUNTY PSYCHOLOGICAL ASSOCIATION, INC.**

Principal Place of Business

C/O GARY LANCELOTTA, PH.D.  
14520 SW 77TH ST  
MIAMI FL 33183  
US

Mailing Address

C/O GARY LANCELOTTA  
14520 SW 77TH ST  
MIAMI FL 33183  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**06/03/1970**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**52-1252314**

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24 Zip Country

28 Zip 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

**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 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 ☐ DELETE  
NAME **PE**  
STREET ADDRESS **BILO-LIBBIN, RAQUEL**  
CITY-ST-ZIP **1125 N SHORE DR**  
**MIAMI BEACH FL 33141**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **KLOPPER, CAROL**  
CITY-ST-ZIP **6800 SW 40 ST. #227**  
**MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **DEROIAN, PAMELA**  
CITY-ST-ZIP **PSYCHOLOGICAL SVCS CTR UNIV OF MIAMI**  
**CORAL GABLES FL 33124**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **VERA, WILFREDO**  
CITY-ST-ZIP **301 ALMERIA AVE #108**  
**CORAL GABLES FL 33134**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **LANCELOTTA, GARY**  
CITY-ST-ZIP **14520 SW 77TH ST**  
**MIAMI FL 33183**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)