## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # H55421

## FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90080 039 \*\*\*150.00

1. Corporation	i Name				1		
PSYCH/C	CARE, INC.						
Principal Place	e of Business	Mailing Address				)	ISI BABIA BABIA TBOT
2850 DOUGLAS RD. 2850 DOUGLAS RD.							
CORAL GABLES FL 33134 CORAL GABLES FL 33134							
						E IN THIS SPACE	
					3. Date Incorporated or Qualifed		ĺ
		a Mailine Address			05/03/1985 4 FEI Number	<del></del>	Applied For
2. Principal Place of Business 21. 10200 SUNSET OR. 26 SAME					65-0180640	-	Not Applicable
21 10200 SUNSET OR. 26 SAME  Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75	5 Additional
22 27					5. Certifcate of Status Desired	1 1	Required
City & State City & State					6. Election Campaign Financing	□ \$5.0	0 May Be
23 MiAMI FC 28					Trust Fund Contribution	Adde	ed to Fees
Zin	Country	Zip	Country	'	8. This corporation owes the curre		-A
24 33/	73 25 MiAMI-04		ю	<u> </u>	Personal Property Tax.	∐Yes	MNo
	9. Name and Address of Curre	nt Registered Agent	-	T	10. Name and Address of New Ro	agistered Agent	
MAD	CTOM ELIZADETH I		81	Name		,	
MARSTON, ELIZABETH J.				Street Add	ress (P.O. Box Number is Not Acceptat	olė)	
2850 DOUGLAS RD. CORAL GABLES FL 33134			83		SUNSET DR	<del> </del>	
CON	AL CABLES FL 33134		83		The state of the state of the	i e	<u> </u>
			84			E1 85 Z	ip Code 33/72
	4. the second control of Control	02 and 607 1509. Elected Statutos	the abov	e-named corr	poration submits this statement for the p	purpose of changing	its registered
office or r	egistered agent or both in the State	e of Florida. Such change was aut	norizea ov	the corporati	on's board of directors. I hereby accept	the appointment as	registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flore	ia Statutes		• •		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: F	Registered Age	nt signature require	ed when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	CEO	☐ DELETE	1.1 TITLE			Chanç	ge 🗌 Addition
NAME	SALADRIGAS, CARLOS A.		1.2 NAME				
STREET ADDRESS	2850 DOUGLAS RD.		1,3 STREE		1200 SUNSET DR		
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-5	T-ZIP A	11/2mi, FL 33173		- DAddies-
TITLE	VP	☐ DELETE	2.1 TITLE		•	Chang	ge 🗌 Addition
NAME	SANCHEZ, JOSE M.		2.2 NAME				
STREET ADDRESS	2850 DOUGLAS RD.		2.3 STREE	TADORESS	SAME AS ABOVE		
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-	ST-ZIP /		. [ Chang	ge Addition
TITLE	S	☐ DELETE	3.1 TITLE	1	Street to the st	_ Chang	geAddison
NAME	MARSTON, ELIZABETH J.		3.2 NAME				\ \
STREET ADDRESS	2850 DOUGLAS RD.		•	TADDRESS   }	SAME AS ABOVE		
CITY-ST-ZIP	CORAL GABLES FL 33134	☐ DELETE	3.4. CITY-1	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Chan	ge
TITLE	IS MADTIN I		4. 2 NAME		• .	<b>(</b>	ş
NAME STREET ADDRESS	PEREZ, MARTIN J 2850 DOUGLAS RD.			į.	- 00 0000		ļ
CITY-ST-ZIP	CORAL GABLES FL 33134	,	4.4 CITY-S		SANE AS ABOVE		
TITLE	P	DELETE	5.1 TITLE	·· <del>· · · · · · · · · · · · · · · · · ·</del>		☐ Chan	ge Addition
NAME	CARLEN, JOHN T	₹ -	5.2 NAME	-			
STREET ADDRESS	2850 DOUGLAS RD.		5.3 STREE	TADORESS			
CITY-ST-ZIP	CORAL GABLES FL 33134		5.4 CITY-S	iT-ZIP	1 " 4 O s		
TITLE	CFO	☐ DELETE	6.1 TITLE			Chang	ge Addition
NAME	RODRIGUEZ, CARLOS A		6.2 NAME	]			
STREET ADDRESS			6.3 STREE	TADDRESS	SAME AS ABOVE		}
CITY-ST-ZIP	CORAL GABLES FL 33134		6.4 CITY-5	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 suppliemental 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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an entires, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM F. WETO

(305) 630 -1000 Daytime Phone #