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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

1996

H57153

DOCUMENT # 1. Corporation Name PSYCHOLOGICAL ASSOCIATES OF MIAMI - DR. LEONARD HABER, P.A. Principal Place of Business Mailing Address 2125 BISCAYNE BLVD.. SUITE 200 2125 BISCAYNE BLVD., SUITE 200 MIAMI FL 33137 MIAMI FL 33137 3. Date Incorporated or Qualified 05/15/1985 4. FEI Number 2. Principal Place of Business 2a. Mailing Address

3a. Date of Last Report 02/13/1995

Applied For

		26			59-2531065	["-	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional
		27					e Required
City & State	·	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip) .]	Country 25	Zip 29	Country 30	1	8. This corporation has liability for in Florida Statutes X Yes		s 199.032,
•	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	egistered Agent	
			81	Name		- 	
HABER, LEONARD 2125 BISCAYNE BLVD., SUITE 200			92	82 Street Address (P.O. Box Number is Not Acceptable)			
			62	Street Address (F.O. Box Number is Not Acceptable)			
MIAMI I	FL 33137		83	 			
			-	ļ <u>.</u>			
			84	City		FL 85	Zip Code
1. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the above	named coroor	ation submits this statement for the purp	nose of changing its	s registered offic
or register	red agent, or both, in the State of Florida ith, and accept the obligations of, Section	a. Such change was author	ized by the corp	oration's boar	d of directors. Thereby accept the appo	intment as register	ed agent. I am
	in, and accept the doligations of, Section	ni oor.ooos, riqinda olalule	75.				
S'GNA FURE	ISI3 set and types I be printed harber of registered age of a	and tide if applicable. (N	NOTE: Registered Age	nt signature required	5 whon reinstating	DATE	
2.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		TORS IN 12
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AME	HABER, LEONARD, DR.		1.2 NAME				
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n 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 The corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name oath; that I am an officer or director appears in Block 12 or Block 13 if

SIGNATURE:

FICER OR DIRECTOR