

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

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H86736 (6)**  
 1. Corporation Name  
**FLORIDA PROFESSIONAL PSYCHOLOGICAL SERVICES, INC**



Principal Place of Business <b>18167 US HWY 19 N SUITE 580 CLEARWATER FL 34624 US</b>	Mailing Address <b>18167 US HWY 19 N SUITE 580 CLEARWATER FL 34624-6574 US</b>
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3. Date Incorporated or Qualified <b>11/25/1985</b>	3a. Date of Last Report <b>07/02/1986</b>
4. FEI Number <b>59-2599265</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>18167 US HWY 19 N</b> Suite, Apt. #, etc.	26 <b>1500 WATERS RIDGE DRIVE</b> Suite, Apt. #, etc.
22 <b>SUITE 580</b> City & State	27 City & State
23 <b>CLEARWATER, FL</b> Zip Country	28 <b>LEWISVILLE, TEXAS</b> Zip Country
24 <b>34624 USA</b>	29 <b>75057 USA</b>

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	<b>SIMONS, NANCY</b>	
STREET ADDRESS	<b>2482 KING FISHER LAND J-103</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>KALE, WILLIAM L.</b>	
STREET ADDRESS	<b>4937 TURLE CREEK TRAIL</b>	
CITY-ST-ZIP	<b>OLDSMAR FL 34877</b>	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<b>TOMS, JOHN G.</b>	
STREET ADDRESS	<b>7930 BAY POINTE DRIVE #C34</b>	
CITY-ST-ZIP	<b>TAMPA FL 33615</b>	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	<b>STENMARK, DAVID</b>	
STREET ADDRESS	<b>360 8TH AVE N - UNIT #2</b>	
CITY-ST-ZIP	<b>TERRA VERDE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME	<b>SEE ATTACHED LIST FOR ADDITIONS</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>CLINICAL DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James W. Mcatee* **JAMES W. MCATEE** **4/25/97** **(972) 420-8350**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

FLORIDA PROFESSIONAL PSYCHOLOGICAL SERVICES, INC.  
ADDITIONAL OFFICERS

<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>
JAMES W. MCATEE	1500 WATERS RIDGE DRIVE LEWISVILLE, TX 75057	VICE PRESIDENT, SECRETARY TREASURER
ROBERT A. LEFTON	1500 WATERS RIDGE DRIVE LEWISVILLE, TX 75057	VICE PRESIDENT
JOSEPHO R. BONA, M.D.	18167 US HWY 19 N CLEARWATER, FL 34624	MEDICAL DIRECTOR
DAVID K. MEYERCORD	1500 WATERS RIDGE DRIVE LEWISVILLE, TX 75057	ASSISTANT SECRETARY
JAMES KEN NEWMAN	1500 WATERS RIDGE DRIVE LEWISVILLE, TX 75057	DIRECTOR