

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Marmam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

93 APR 19 PM 2:02

DOCUMENT # **J15298** (9)

1. Corporation Name
DAE PSYCHIATRIC ASSOCIATES, P.A.

Principal Place of Business Mailing Address
C/O PAUL LANDY, BEILEY & HARPER, P.A.
200 S.E. 167 ST., PENTHOUSE
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/14/1986** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
10925 N.W. 27 STREET **C/O LAWRENCE M. PLOUCHA, ESQ.**

4. FEI Number **59-2745281** Applied For Not Applicable

21. Suite, Apt #, etc. 26. Suite, Apt #, etc.
SUITE 103 **1946 TYLER STREET**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State 27. City & State
MIAMI, FL **HOLLYWOOD, FL**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**

23. Zip 25. Country 28. Zip 30. Country
33172 **USA** **33022-2088** **USA**

7. This corporation has liability for intangible tax under S. 190.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~PENINSULA REGISTERED AGENTS, INC.~~
~~200 S.E. 167 ST., PENTHOUSE~~
~~MIAMI FL 33131~~

81. Name **LAWRENCE M. PLOUCHA, ESQ.**
82. Street Address (P.O. Box Number is Not Acceptable) **ATKINSON, DINER, STONE, BLACK & MANKUTA, P.A.**
83. **1946 TYLER STREET**
84. City **HOLLYWOOD** FL 85. Zip Code **33022-2088**

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 *[Signature]* **Lawrence M. Ploucha, Esq.** **3/15/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	LIEVANO, JORGE ENRIQUE
STREET ADDRESS	10925 NW 27TH ST.
CITY ST ZIP	MIAMI FL
TITLE	DST
NAME	PATINO, EDGAR
STREET ADDRESS	10925 NW 27TH ST.
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY ST ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY ST ZIP	
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY ST ZIP	
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY ST ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY ST ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 of this report, or on an attachment with a note.

SIGNATURE: *[Signature]* **March 20/95** **305-5693000**