

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **J15298** (9)

1. Corporation Name  
**DADE PSYCHIATRIC ASSOCIATES, P.A.**



Principal Place of Business: **10925 NW 27 STREET, STE 103, MIAMI FL 33172, US**  
Mailing Address: **C/O LAWRENCE M. PLOUCHA ESO, 1946 TYLER STREET, HOLLYWOOD FL 33022-2088, US**

2. Principal Place of Business: **21 2828 Coral Way, 22 Penthouse 2, 23 Miami, FL 33145, 24 33145, 25 Dade, 26 2828 Coral Way, 27 Penthouse 2, 28 Miami, FL 33145, 29 33145, 30 Dade**

3. Date Incorporated or Qualified: **05/14/1986** 3a. Date of Last Report: **04/13/1995**  
4. FEI Number: **59-2745281** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **PLOUCHA, LAWRENCE M. ES, ATKINSON, DINER, STONE, BLACK, MANKUTA P.A, 1946 TYLER STREET, HOLLYWOOD FL 33022**  
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 607.050(2) and 607.1509, 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 607.0509, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 NAME: <b>DP LIEVANO, JORGE ENRIQUE</b>	<input type="checkbox"/> DELETE	11.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
11.2 STREET ADDRESS: <b>10925 NW 27TH ST.</b>		11.2 NAME: <b>2828 Coral Way, Penthouse 2</b>	
11.3 CITY, ST, ZIP: <b>MIAMI FL</b>		11.3 STREET ADDRESS: <b>Miami, FL 33145</b>	
11.4 NAME: <b>DST PATINO, EDGAR</b>	<input type="checkbox"/> DELETE	11.4 CITY, ST, ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
11.5 STREET ADDRESS: <b>10925 NW 27TH ST.</b>		11.5 NAME: <b>2828 Coral Way, Penthouse 2</b>	
11.6 CITY, ST, ZIP: <b>MIAMI FL</b>		11.6 STREET ADDRESS: <b>Miami, FL 33145</b>	
11.7 NAME: _____	<input type="checkbox"/> DELETE	11.7 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11.8 STREET ADDRESS: _____		11.8 NAME: _____	
11.9 CITY, ST, ZIP: _____	<input type="checkbox"/> DELETE	11.9 STREET ADDRESS: _____	
11.10 NAME: _____		11.10 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11.11 STREET ADDRESS: _____		11.11 NAME: _____	
11.12 CITY, ST, ZIP: _____	<input type="checkbox"/> DELETE	11.12 STREET ADDRESS: _____	
11.13 NAME: _____		11.13 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11.14 STREET ADDRESS: _____		11.14 NAME: _____	
11.15 CITY, ST, ZIP: _____	<input type="checkbox"/> DELETE	11.15 STREET ADDRESS: _____	
11.16 NAME: _____		11.16 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11.17 STREET ADDRESS: _____		11.17 NAME: _____	
11.18 CITY, ST, ZIP: _____	<input type="checkbox"/> DELETE	11.18 STREET ADDRESS: _____	
11.19 NAME: _____		11.19 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11.20 STREET ADDRESS: _____		11.20 NAME: _____	
11.21 CITY, ST, ZIP: _____	<input type="checkbox"/> DELETE	11.21 STREET ADDRESS: _____	
11.22 NAME: _____		11.22 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11.23 STREET ADDRESS: _____		11.23 NAME: _____	
11.24 CITY, ST, ZIP: _____	<input type="checkbox"/> DELETE	11.23 STREET ADDRESS: _____	
11.25 NAME: _____		11.24 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11.26 STREET ADDRESS: _____		11.24 NAME: _____	
11.27 CITY, ST, ZIP: _____	<input type="checkbox"/> DELETE	11.24 STREET ADDRESS: _____	
11.28 NAME: _____		11.25 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11.29 STREET ADDRESS: _____		11.25 NAME: _____	
11.30 CITY, ST, ZIP: _____	<input type="checkbox"/> DELETE	11.25 STREET ADDRESS: _____	

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)(k), 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: **Jorge Enrique Lievano** (President) **February 22/96** **305-5693000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DIGITAL SIGNATURE

CR2E034 (12/95)