

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J36289

(3)

1. Corporation Name

PSYCH ASSOCIATES, INC.



Principal Place of Business

12900 N.E. 17TH AVE.
SUITE 407
NORTH MIAMI FL 33181

Mailing Address

12900 N.E. 17TH AVE.
SUITE 407
NORTH MIAMI FL 33181

2. Principal Place of Business

21 100 NW 170 ST
Suite, Apt. #, etc. 407

22 City & State NMB, FL

23 Zip 33169 Country

24 33169 25

2a. Mailing Address

26 100 NW 170 ST
Suite, Apt. #, etc. 407

27 City & State NMB, FL

28 Zip 33169 Country

29 33169 30

3. Date Incorporated or Qualified

10/03/1986

3a. Date of Last Report

04/04/1995

4. FEI Number

59-2725118

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

ESPINOSA, JUAN B.
12900 N.E. 17TH AVENUE
SUITE 407
NORTH MIAMI FL 33181

100 NW 170 ST
407
N. Miami Beach FL
33169

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME GREENFIELD, WILLIAM
STREET ADDRESS 1340 NE MIAMI GARDENS DR
CITY-ST-ZIP N MIAMI BCH FL

☐ DELETE

TITLE STD
NAME ESPINOSA, JUAN
STREET ADDRESS 12900 NE 17TH AVE SUITE 407 100 NW 170 ST
CITY-ST-ZIP N MIAMI FL NMB, FL 33169

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

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)(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 registered agent 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:

Juan B Espinosa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN B ESPINOSA

1/24/95

305 652 4009

Date

Daytime Phone #

CR2E034 (12/95)