FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 10: 14

DOCUMENT # J96918 (4)

1. Corporation Name
SOUTH FLORIDA PSYCHIATRIC P.P.O., INC.

Principal Place of Business	Mailing Address
1550 MADRUGA AVE #326 CORAL GABLES FL 33146 US	PO BOX 331266 MIAMI FL 33233-1266 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/12/1987
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 65-0250314 ☐ 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

SHELLOW, RONALD A., M.D.
C/O S FL PSY PPO
1550 MADRUGA AVE #326
CORAL GABLES FL 33146

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SHELLOW, RONALD A. M.D.	1.2 NAME	
STREET ADDRESS	2980 MCFARLANE RD #202	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HOLZBERG, STANLEY I. M.D	2.2 NAME	
STREET ADDRESS	495 BILTMORE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HANNA, STANLEY GEORGE	3.2 NAME	
STREET ADDRESS	1201 N.W. 16 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	METCALF, GEORGE W. M.D.	4.2 NAME	
STREET ADDRESS	201 SEVILLA AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	RAY, ALBERT L. M.D.	5.2 NAME	
STREET ADDRESS	8955 S.W. 87TH CT #212	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 addition.

SIGNATURE: [signature] 1-24-95 305 665-0132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR AGENT — Date — Daytime Phone #
RONALD A. SHELLOW, M.D.

0431240 FP