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 JAN 30 AM 10:16

DOCUMENT # K51728 (9)

1. Corporation Name
ASILOMAR PSYCHOLOGICAL SERVICES, INC.

Principal Place of Business	Mailing Address
% GUSTAVO E. FUENTES, ESQ. 2121 PONCE DE LEON BLVD #240A CORAL GABLES FL 33134	% GUSTAVO E. FUENTES, ESQ. 2121 PONCE DE LEON BLVD #240A CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/15/1988
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business
21 2121 PONCE DE LEON BLVD
22 Suite, Apt. #, etc. #240A
23 City & State CORAL GABLES, FL.
24 Zip 33134
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number 65-0085704 ☐ 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

FUENTES, GUSTAVO E., ESQ.
2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES FL 33134

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	SV	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	FUENTES, DAINERY M., PH.	1.2 NAME	FUENTES, DAINERY M., PH.D.
STREET ADDRESS	2121 PONCE DE LEON #240A	1.3 STREET ADDRESS	2121 PONCE DE LEON BLVD #240
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134
TITLE	PD	2.1 TITLE	S ☒ Change ☐ Addition
NAME	NOVO, ALBERTO	2.2 NAME	NOVO, ALBERTO
STREET ADDRESS	3707 - 94TH STREET	2.3 STREET ADDRESS	2121 PONCE DE LEON BLVD. #240
CITY-ST-ZIP	JACKSON HEIGHTS NY	2.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 address.

SIGNATURE: Dainery M. Fuentes Ph.D. 1/19/95 (305) 441-2422
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER (Area Code)

0137103 CP