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FILED

Mar 06 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M81638

(2)

1. Corporation Name  
UNIPSYCH BENEFITS OF FLORIDA, INC.

Principal Place of Business

7777 DAVIE RD EXT  
SUITE 302  
HOLLYWOOD FL 33024  
US

Mailing Address

7777 DAVIE RD EXT  
SUITE 302  
HOLLYWOOD FL 33024-2515  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/16/1988

3a. Date of Last Report

03/15/1996

4. FEI Number

65-0084581

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

BRADMAN, LEO  
7777 DAVIE RD EXTENSION  
SUITE 302  
HOLLYWOOD FL 33024

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 title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DVS  
BRADMAN, LEO H  
9831 SW 6 ST  
PEMBROKE PINES FL

DELETE

DELETE

DELETE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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 in an attachment with an address.

SIGNATURE:

Leo H. Bradman, Psy.D  
Chairman & CEO

02/28/97 (954)704-8686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)