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FILE	NOW: FILING	FEE AFTER	MAY 1ST IS	\$550	0.00		۸	១៦ ១០	.,,,,	
	PROFIT		FLORIDA DEPAR	tment of	STATE	ŀ	М	PPRU A N E	V Ł. (;: }	
	RPORATION JAL REPORT		Sandra B.		n			FILE	ĝ	
	1998		DIVISION OF C	y of State ORPORAT	IONS	Ì	ሰር ቀրո			
				., ., .			98 APR -6 AM 9 : 49			
DOCUI	MENT # MS	7368	(8)				SECRET TALLAHA	ARY 0	F STATE	100
	IIA A. BABICH, PSY	. D., P.A.	•				IALLAHA	ISSEE.	FLORID	İΑ
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Principal Place	e of Business	Mail	ing Address		·					
24 SILVER PALM AVE. 24 SILVER PALM AVE.										
MELBOURNE	FL 32901	M	MELBOURNE FL 32901				DO NOT WRITE IN THIS SPACE.			
						3.	Date Incorporated or Qualified			
9 Principal P	lace of Business	20 1	Mailing Address				08/31/1988 FEI Number		A	pplied For
21	iade of business	26	valing / looross			"	59-2910256			lot Applicable
Suite, Apt.	#, etc.	ļ -	Suile, Apt. #, etc.			5.	Certificate of Status Desired			Additional teguired
City & State	6	27	City & State			6.	Election Campaign Financing			May Be
23	Country	28	Zio	Countr			Trust Fund Contribution			to Fees
Zip 24	Country 25	29	Zip	30	у	8.	This corporation owes or has personal Property Tax due June			∏ No
	9. Name and Address	-	red Agent	8	1 Name	10.	Name and Address of New R	egistered	Agent	
	ABICH, CYNTHIA PSY D									
	I Si lver Palm avenue Elbourne fl 32901	•		8	2 Street	Address (P	O, Box Number is Not Accepta	ble)		
				8:	3					
				8-	4 City			FL	8 5 Zip	Code
11. Pursuant	to the provisions of Section	s 607.0502 and 607	7.1508, Florida Statute	es, the abo	ve-named	corporation	n submits this statement for the poard of directors. I hereby acce			its registered
agent. I a	egistored agent, or both, in familiar with, and accept	the obligations of,	Section 607.0505, Flo	irida Statuti	98.	porations b	loard of directors. Thereby acce	ibit ine abi	Jointinent as	registored
SIGNATURE	Signature, typed or printed name of	registered agent and title if	applicable (NOTE	: Registered A	gent signature	e required when	reinstating)	DATE		
12.	,- <u></u> -	CERS AND DIRECT		13.		4	ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTO Change	RS IN 12
TITLE NAME	D Babich, Cynthia <i>i</i>	A PSY D	ĹĴ DEL é te	1.1 TITLE 1.2 NAME			general court court			
STREET ADDRESS	24 SILVER PALM A				ET ADDRESS		600002	481	386	1
CITY-ST-7IP	MELBOURNE FL		Desert	1.4 CITY			-04/07/)1071	-020
TITLE NAME	D Babich, Michael		☐ DELETE	2.1 TITLE 2.2 NAME			*****1[0.00	******1	00.00
STREET ADDRESS	822 HAWKSBILL ISI	AND DR			ET ADDRESS					
CITY-ST-ZIP	SATELLITE BCH FL		☐ DELĒTE	2. 4 CITY		 			☐ Change	Addition
TITLE NAME			C) often	3.1 TITLE 3.2 NAME			Annual grants grants are an area			
STREET ADDRESS					E1 ADDRESS		6000024			
CITY-ST-7IP			Drutte	3.4. CITY			-04/0	7/98-	0107	1 7721 ☐ Addition
TITLE NAME			☐ DELĒTE	4.1 TITLE 4. 2 NAM			*************************************	0.00	事業連議案 L) Change	50.00
STREET ADDRESS					et address					
CITY-ST-ZIP			Floriere	4.4 City		ļ			Change	Addition
title Name			DELETE	5.1 TITLE 5.2 NAM					Change	LJ AUDITON
STREET ADDRESS				•	et addréss			١ ١	all	
CITY-ST-ZIP			200-00-0	5.4 CITY		ļ <u></u>	\-M	4// 4. -	1 <u>70</u>	Add tion
TITLE			DELETE	6.1 TITLE		1	1 V /	N/ /'	¶→ Unange	HOUF-ODA LL.

6.2 NAME

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NAME

14. Thereby 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 an an attachment with an address.