ANNU	FILE NOW: FIL	FLORIDA DEPAI Sandra I Socreta					
	MENT # N4036						
BROWA	ARD COUNTY PSYCHIATR	IC SUCIETY, INC.					
cipal Place	of Business	Mailing Address				III I UIUI UIUI UIUI UIUI I	JI6 11 U U 0 0 0 1 0 1
ROSE DR.	DALE FL 33316	17 ROSE DR. FT. LAUDERDALE FL 33	316				
					3. Date incorporated or Qualified	3a. Date of L	
Principal Pt	ace of Business	2a. Mailing Address			4. FEI Number		B/1995 Applied For
		26			59-1792146		Not Applicable
Suite, Apt. i	#, EIC	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional See Required
City & State	e	City & State			 Election Campaign Financing Trust Fund Contribution 		5.00 May Be dded to Fees
Zıp	Country	Zip	Country		8. This corporation has liability for in	tangible tax unde	
	25	29	30		Florida Statutes	Yes XNo	
	9. Name and Address of Curre	ent Hegistered Agent	81 1	Name	10. Name and Address of New Re	gistered Agent	
ADAMS	MARGO S.		82	Street Ade	dress (P.O. Box Number is Not Acceptable	e)	
	PARK AVE.					· ·	
	ASSEE FL 32301		83				
			84	City		FI ⁶⁵	Zip Code
or reaster	red agent, or both, in the State of Flo	orida. Such change was authorize	ed by the corpor	med corpo ation's bo	oration submits this statement for the purp ard of directors. I hereby accept the appo	ose of changing	its registered offi ered agent. I am
or register familiar wit	red agent, or both, in the State of Flo ith, and accept the obligations of, Se Signame typed or protections of regulated ap	oridal Such change was authorize action 617.0503, Florida Statutes	ed by the corpore	ation's bò	and of directors. Thereby accept the appo	Dose of changing intment as register	ered agent. I am
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