

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38475

(0)

1. Corporation Name

PSYCHOPTIONS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **639 LOYOLA AVENUE
SUITE 1700
NEW ORLEANS LA 70113
US**

Mailing Address: **639 LOYOLA AVENUE
SUITE 1700
NEW ORLEANS LA 70113
US**

3. Date of Incorporation or Creation: **04/23/1992** 3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

4. FEI Number: **65-0328216** Applied For: ☐ Not Applicable: ☐

22. State, Apt. # etc.: **27**

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

23. City & State: **28**

6. Election Campaign Financing Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

24. **25** **29** **30**

6. This corporation has liability for enterprise tax under its statute, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 (500) 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 of Registered Agent or Secretary of Corporation) _____ (Signature of Registered Agent or Secretary of Corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	1.2 NAME	
CITY, ST, ZIP		1.3 STREET ADDRESS	
		1.4 CITY, ST, ZIP	
TITLE	NAME	2.1 TITLE	☒ Change ☐ Addition
NAME	STREET ADDRESS	2.2 NAME	
CITY, ST, ZIP		2.3 STREET ADDRESS	
		2.4 CITY, ST, ZIP	
TITLE	NAME	3.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	3.2 NAME	
CITY, ST, ZIP		3.3 STREET ADDRESS	
		3.4 CITY, ST, ZIP	
TITLE	NAME	4.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	4.2 NAME	
CITY, ST, ZIP		4.3 STREET ADDRESS	
		4.4 CITY, ST, ZIP	
TITLE	NAME	5.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	5.2 NAME	
CITY, ST, ZIP		5.3 STREET ADDRESS	
		5.4 CITY, ST, ZIP	
TITLE	NAME	6.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	6.2 NAME	
CITY, ST, ZIP		6.3 STREET ADDRESS	
		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 (b)(6), Florida Statutes. I further certify that the information submitted 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 of this report or on an attachment with an address.

SIGNATURE: **GREGORY H. BROWNE** 4/25/95 504-525-2505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR