

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38475 (0)
1. Corporation Name

PSYCHOPTIONS, INC.

Principal Place of Business Columbus Center One Alhambra Plaza Suite 750 Coral Gables, FL 33134	Mailing Address Columbus Center One Alhambra Plaza Suite 750 Coral Gables, FL 33134
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 4/23/1992 Date of Last Report: 5/1/97

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country	4. FEI Number 65-0328216 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 fee, if applicable

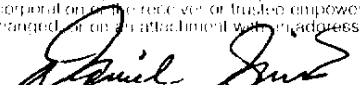
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Cibran, Bert G.	1.2 NAME	
STREET ADDRESS	One Alhambra Plaza, Suite 750	1.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	1.4 CITY-ST-ZIP	
TITLE	VP/D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Lang, Carol C.	2.2 NAME	
STREET ADDRESS	One Alhambra Plaza, Suite 750	2.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	2.4 CITY-ST-ZIP	
TITLE	VP/T/S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Sims, Daniel A.	3.2 NAME	
STREET ADDRESS	One Alhambra Plaza, Suite 750	3.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(4), 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, and that I am duly authorized or 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Sims

4/29/98

(305) 569-6993

CR2E034 (10/97)