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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # P9200001485

SEAGATE PSYCHOLOGICAL ASSOCIATES, P.A.

	•			
Principal Place of Business	Mailing Address			
800 SEAGATE	800 SEAGATE			
SUITE 101	SUITE 101		DO NOT WRITE	IN THIS SPACE
NAPLES FL 34103	NAPLES FL 34103 US		3. Date Incorporated or Qualifed	
US	Ųδ		11/03/1992	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
<u> </u>	— <u> </u>		65-0372628	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.,	16		\$8.75 Additional
L	27	me	5. Certifcate of Status Desired	Fee Required
City & State . A M	· City & State	·	6. Election Campaign Financing	\$5.00 May Be
23	28	\$0\$0.0 (Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current	t year Intangible
24 25	· · · · · · · · · · · · · · · · · · ·	30	Personal Property Tax.	∐Yes ☑No {
[Current Registered Agent		10. Name and Address of New Reg	gistered Agent
3. Italia 43.0 3.0 3.0		81 Name	. da	
HALL, ANN B.			NA DATE OF THE PROPERTY OF THE	<u> </u>
800 SEAGATE		82 Street Add	ress (P.O. Box Number is Not Acceptable	e)
SUITE 101		83		
NAPLES FL 33940			n/A	
	÷	84 City	10/1	FL 85 Zip Code
SIGNATURE Signature, typed or printed name of regis	etered agent and title if emplicable (NOTE:	Registered Agent signature require		
00000				CERS AND DIRECTORS IN 12
	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
TITLE D		13. 1.1 TITLE		CERS AND DIRECTORS IN 12
TITLE D NAME HALL, ANN B	ERS AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME		CERS AND DIRECTORS IN 12
TITLE D HALL, ANN B STREET ADDRESS 800 SEAGATE SUITE 10	ERS AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		CERS AND DIRECTORS IN 12
TITLE D HALL, ANN B STREET ADDRESS CITY-ST-ZIP NAPLES FL	ERS AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		CERS AND DIRECTORS IN 12 Change Addition
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14. I 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 on an attachment with an address, with all other like empowered.

6.4 CITY+ST-ZIP

CITY-ST-ZIP

FILED

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90096 029 ***150.00