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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90123 034 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000006824

1. Corporation Name

ASSOCIATED PSYCHOLOGICAL SERVICES OF N.E. FL. IN
C.

Principal Place of Business

645 MAYPORT RD
3B2
ATLANTIC BEACH FL 32333

Mailing Address

645 MAYPORT RD
3B2
ATLANTIC BEACH FL 32333

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1992

2. Principal Place of Business

21 645 Mayport Rd
Suite, Apt. #, etc.
22 Suite 3B
City & State
23 Same

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28

4. FEI Number

59-3157267

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MAIDA, GEORGE N PHD
645 MAYPORT RD.
3B2
ATLANTIC BEACH FL 32333

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 607.0502 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MAIDA, GEORGE N
884 EASTCOAST DR.
ATLANTIC BEACH FL 32233

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 119.07(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.

SIGNATURE:

George N. Maida
George N. MAIDA
4-25-99 90123034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)