


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

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90072 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000007984

1. Corporation Name
ASSOCIATES IN PSYCHIATRY FOR BREVARD, P.A.

Principal Place of Business
119 LONGWOOD AVENUE
ROCKLEDGE FL 32955

Mailing Address
P O BOX 560617
1022 S FLORIDA AVE. STE 3
ROCKLEDGE FL 32956-617
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/29/1993	
4. FEI Number 59-3158513	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCCARTHY, JOHN E MD 1022 S FLORIDA AVE STE 3 ROCKLEDGE FL 32955		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	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, EDMUNDO I	1.2 NAME	Rivera, Edmundo I
STREET ADDRESS	119 LONGWOOD AVE	1.3 STREET ADDRESS	1022 S. Florida Ave Ste 3
CITY-ST-ZIP	ROCKLEDGE FL	1.4 CITY-ST-ZIP	Rockledge, FL 32955
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JOSE R	2.2 NAME	Gonzalez, Jose R
STREET ADDRESS	119 LONGWOOD AVENUE	2.3 STREET ADDRESS	1022 S. Florida Ave Ste 3
CITY-ST-ZIP	ROCKLEDGE FL 32955	2.4 CITY-ST-ZIP	Rockledge, FL 32955
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, JOHN E	3.2 NAME	McCarthy, John E
STREET ADDRESS	119 LONGWOOD AVE	3.3 STREET ADDRESS	1022 S. Florida Ave Ste 3
CITY-ST-ZIP	ROCKLEDGE FL	3.4 CITY-ST-ZIP	Rockledge, FL 32955
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99 (407) 632-7200

Date

Daytime Phone #

CR2E034 (11/98)

0120510