

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:07

DOCUMENT # P93000010949 (4)

1. Corporation Name

SOUTHCOAST PSYCHOTHERAPY & EDUCATION ASSOCIATES,
INC.

Principal Place of Business

5301 N. FEDERAL HIGHWAY
SUITE 270
BOCA RATON FL 33487
US

Mailing Address

4 ROYAL PALM WAY
SUITE 108
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/05/1993

3a. Date of Last Report

01/21/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26 5301 N. Federal Highway

Suite, Apt. #, etc.

27 270

City & State

28 Boca Raton, Florida

Zip

29 33487

Country

30 USA

4. FEI Number

65-0392512

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

BALSAMA, GEORGE D
4 ROYAL PALM WAY
#108
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

BALSAMA, GEORGE D

82 Street Address (P.O. Box Number is Not Acceptable)

5301 N. Federal Hwy

83

Suite 270

84 City

BOCA RATON

FL

85

33487

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 607.0502, Florida Statutes.

SIGNATURE

George D. Balsama

(NOTE: Registered Agent signature required when terminating)

02/21/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD

BALSAMA, GEORGE D

5301 N. Federal Hwy., Ste. 270

Boca Raton, FL 33487

VTD

KOSTOLICH, MARCUS S

5301 N. Federal Hwy, Ste. 270

Boca Raton, FL 33487

D

MALMAUD, ROSLYN K

5301 N. Federal Hwy., Ste. 270

Boca Raton, FL 33487

SD

NASH, PEGGY WRIGHT

5301 N. Federal Hwy., Ste. 270

Boca Raton, FL 33487

D

BYRNES, JAMES J.

1015 Miramar Drive

Delray Beach, FL 33483

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(3)(b), Florida Statutes. I further certify that the information and data 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.

SIGNATURE:

George D. Balsama
SIGNATURE AND PRINTED NAME OF BORING OFFICER OR DIRECTOR

02/21/95

Date

407/241-6628

Telephone No.