

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

5301 N. FED. HWY.
SUITE 270
BOCA RATON FL 33487
US



3. Date Incorporated or Qualified

02/05/1993

3a. Date of Last Report

02/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALSAMA, GEORGE D
5301 N. FED. HWY.
SUITE 270
BOCA RATON FL 33487

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 time if applicable

Typed name of Registered Agent (signature required when not applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PD	BALSAMA, GEORGE D	5301 N. FED. HWY. SUITE 270	BOCA RATON FL	<input type="checkbox"/>
VTD	KOSTOLICH, MARCUS S	5301 N. FED. HWY SUITE 270	OMAHA NB	<input type="checkbox"/>
D	MALMAUD, ROSLYN K.	5301 N. FED. HWY. SUITE 270	BOCA RATON FL	<input type="checkbox"/>
SD	NASH, PEGGY WRIGHT	5301 N. FED. HWY. SUITE 270	BOCA RATON FL	<input type="checkbox"/>
SD	NASH, PEGGY WRIGHT	5301 N. FED. HWY. SUITE 270	BOCA RATON FL	<input checked="" type="checkbox"/>
D	BYRNES, JAMES J.	1015 MIRAMAR DRIVE	DELRAY BEACH FL	<input checked="" type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. CHANGE	6. ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Boca Raton, FL 33487

D
NAGEL, BRENDA K.
5301 N. Fed. Hwy. Suite 270
Boca Raton, FL 33487

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)(k), 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.

SIGNATURE:

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

03/13/96

407/241-6628

Date

Daytime Phone #

CR2E034 (12/95)