FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL 10 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000012056 (6)

1. Corporation Name

ASSOCIATES IN ORGANIZATIONAL AND HEALTH PSYCHOLOGY, INC.

Principal Place of Business	Mailing Address
720 GOODLETTE ROAD SUITE 200 NAPLES FL 33940	720 GOODLETTE ROAD SUITE 200 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/10/1993
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business
21: N/A
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: County

2a. Mailing Address
26: N/A
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: County

4. FEI Number: 65-0380338 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: ☐ N/A — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: N/A — $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

LEE, JOHN L SR
10403 QUAIL CROWN DRIVE
NAPLES FL 33999

10. Name and Address of New Registered Agent

81 Name: N/A
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: N/A
Signature, typed or printed Name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	JOHNSON	1.2 NAME	Johnson, Donald J.
STREET ADDRESS	9921 ORTEGA LANE	1.3 STREET ADDRESS	2671 Citrus Lake Drive #305
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	Naples, FL 33942
TITLE	P	2.1 TITLE	☒ Change ☐ Addition
NAME	JOHNSON, DEBORAH L	2.2 NAME	
STREET ADDRESS	9921 ORTEGA LANE	2.3 STREET ADDRESS	2671 Citrus Lake Drive# 305
CITY-ST-ZIP	BONITA SPRINGS FL	2.4 CITY-ST-ZIP	Naples, FL 33942
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: Donald J. Johnson, Ph.D. (Donald J. Johnson) 6-30-95 (941) 262-1880
SIGNATURE(S) & TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0327637 CP