

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:26

DOCUMENT # P93000057761 (7)

1. Corporation Name

PSYCHOLOGICAL CONSULTANTS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

9100 S. DADELAND BLVD.
 SUITE 400
 MIAMI FL 33156-7815

9100 S. DADELAND BLVD.
 SUITE 400
 MIAMI FL 33156-7815

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1993

3a. Date of Last Report

04/08/1994

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

29

30

4. FEI Number

65-0432601

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Exempt from Public Inspection

☐

\$5.00 May Be
Added to Fees

8. The corporation has liability for statements for under 1995-012

Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRAXTON, HAROLD M
 SUITE 400 - ONE DATRAN CENTER
 9100 S. DADELAND BLVD.
 MIAMI FL 33156-7815

61 Name

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

63

64 City

FL

65 Zip Code

11. Pursuant to the provisions of Sections 607.0402 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 this appointment as registered agent. I am familiar with and accept the provisions of Sections 607.0402 and 607.1508, Florida Statutes.

SIGNATURE

(Signature of agent or person authorized to register agent and file this statement)

(Signature of Registered Agent required after meeting)

DATE

6/27/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRAXTON, HAROLD M
STREET ADDRESS	#400, 1 DATRAN CENTER, 9100 S DADELAND BLV
CITY, ST, ZIP	MIAMI FL 33156-7815
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. ADDITIONAL OFFICERS AND DIRECTORS	☐ Change ☐ Addition
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 110.07(1)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental renewal 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 person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or on an attached sheet of names and addresses.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

6/27/95

(Official Print)

CR02034 (3/95)