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FILED

Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000057761 (7)

1. Corporation Name

PSYCHOLOGICAL CONSULTANTS OF FLORIDA, INC.

Principal Place of Business

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

Mailing Address

9100 S. DADELAND BLVD.  
SUITE 400  
MIAMI FL 33156-7819

3. Date Incorporated or Qualified  
08/13/1993

3a. Date of Last Report  
06/18/1996

2. Principal Place of Business

21 2100 Lake Ida Road 2

Suite, Apt. #, etc.

22 Suite 2

City & State

23 Delray Beach

Zip

24 33445

Country

25

2a. Mailing Address

26 2345 N.W. 43<sup>rd</sup> St

Suite, Apt. #, etc.

27 Boca Raton, FL

City & State

28

Zip

29 33431

Country

30

4. FEI Number

65-0432601

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

8. Name and Address of Current Registered Agent

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

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

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 of typist or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Steven Rottari  
1.2 NAME 2345 N.W. 43<sup>rd</sup> St  
1.3 STREET ADDRESS Boca Raton, FL 33431  
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

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/97 561-265-3402

CR2E034 (9/96)