

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Motham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P93000057761 (7)

1. Corporation Name

PSYCHOLOGICAL CONSULTANTS OF FLORIDA, INC.



Principal Place of Business

Mailing Address

2100 LAKE IDA ROAD
SUITE 2
DELRAY BEACH FL 33445
US

2345 N.W. 43RD ST
BOCA RATON FL 33431
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/13/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0432601	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

81	Name	Steven Bottari	
82	Street Address (P.O. Box Number Is Not Acceptable)	2345 N.W. 43RD ST	
83			
84	City	Boca Raton FL	85 Zip Code 33431

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 607.0605, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/24/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	BRAXTON, HAROLD M	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	#400, 1 DATRAN CENTER, 9100 S DADELAND BLV	1.3 STREET ADDRESS	
	MIAMI FL 33156-7815	1.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE	BOTTARI, STEVEN	2.1 TITLE	2.2 NAME
	2345 N.W. 43RD ST.	2.3 STREET ADDRESS	
	BOCA RATON FL	2.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I 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 my address.

SIGNATURE:

[Signature]

4/27/98 561-215-3402

CP2E034 (10/97)