

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 # P93000062202 (5)

1. Corporation Name

THE SOUTH FLORIDA INSTITUTE FOR CONSULTATION AND
PSYCHOTHERAPY, INC.



Principal Place of Business

23123 SOUTH STATE RD. 7
SUITE 215
BOCA RATON FL 33428

Mailing Address

23123 SOUTH STATE RD. 7
SUITE 215
BOCA RATON FL 33428

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified
08/31/1993

3a. Date of Last Report
08/08/1995

4. FEI Number

65-0439399

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEL MEDICO, REBECCA J
14 TARA LAKES DRIVE EAST
BOYNTON BEACH FL 33436

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D PRADAS, Nanci M. ☐ DELETE
NAME
STREET ADDRESS 8484 NW 52ND PL
CITY - ST - ZIP CORAL SPRINGS FL

1.1 TITLE Nanci M. Pradas ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 23123 STATE RD. 7, SUITE 215
1.4 CITY - ST - ZIP Boca Raton, FL 33428

TITLE D MAGILL, JOHN TO. ☐ DELETE
NAME
STREET ADDRESS MAGILL, JOAN T.
CITY - ST - ZIP BOCA RATON FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME JOAN MAGILL
2.3 STREET ADDRESS 23123 State Rd. 7, Suite 215
2.4 CITY - ST - ZIP BOCA RATON, FL 33428

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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:

JOAN T. MAGILL, JR. JOAN T. Magill

1-17-96

(407) 852-6406

CR2E034 (12/95)