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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

CITY-S1-ZIP

appears in Block 12

SIGNATURE

DOCUMENT # P93000077371 (1)

RANDOLPH F. BROCK, PSY. D., P.A.

Principal Place of Business Mailing Address 1700 E LAS OLAS BLVD 1700 E LAS OLAS BLVD SUITE 102 SUITE 102 FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301-2466 3. Date incorporated or Qualified 3a. Date of Last Report 11/03/1993 04/23/1996 4. FEI Number 2. Principal Place of Business Applied For 2a. Mailing Address 65-0451722 21 901 S. FEDERAL 9015 FEDERA Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required PENTHOUSE Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s. 199.032, 9. Name and Address of Current Registered Agent 30 BROWAED Yes 20 83316 Florida Statutes 10. Name and Address of New Registered Agent BROCK, RANDOLPH F 1700 E LAS OLAS BLVD SUITE 102 83 FT LAUDERDALE FL 33301 Zip Code UDERDALE 33316 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 little if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6) (96/6) 12. 13. DELETE Change Addition 1.1 TITLE THILE BROCK, RANDOLPH F NAME 1.2 NAME 1700 E LAS OLAS BLVD SUITE 102 STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33301 14 CITY-ST-ZIP CITY - ST - ZIP Addition 🔲 DELETË Change TITLE 21 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STHEET ADDRESS 2.4 CITY-ST-ZIP CITY - ST- ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TIME 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP City-S1-Zif Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **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-out the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name