FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:58

DOCUMENT # **P93000078117 (7)**

1. Corporation Name
PSYCH EXCEL, INC.

Principal Place of Business	Mailing Address
C/O ALFREDO G. PUJOL, M.D. 7100 WEST 20TH AVENUE, SUITE #106 HIALEAH FL 33016	C/O ALFREDO G. PUJOL, M.D. 7100 WEST 20TH AVENUE, SUITE #106 HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/01/1994
3a. Date of Last Report: NONE

2. Principal Place of Business	2a. Mailing Address
21 4501 Palm Ave.	26 4501 Palm Ave.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Hialeah, Florida	28 City & State: Hialeah, Florida
24 Zip: 33012 25 Country: Dade	29 Zip: 33012 30 Country: Dade

4. FEI Number: 65-0455170 ☐ 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
KURZWEIL, HOWARD E LAW OFFICE OF HOWARD KURZWEIL 328 MINORCA AVENUE, SECOND FL CORAL GABLES FL 33134	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PUJOL, ALFREDO G MD 4521 PALM AVENUE HIALEAH FL 33012	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition D/P Pujol, Alfredo G MD 4521 Palm Ave. Hialeah, Fl 33012
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☒ Addition D/VP Pinosky, Samuel I MD 7100 W. 20th Ave. Ste 106 Hialeah, Fl 33016
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☒ Addition D/S Nodal, Guido Jr.MD 333 Palermo Ave. Coral Gables, Florida 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☒ Addition D/T Nuñez, Miguel A MD 5450 S.W. 8th St. Suite 202 Coral Gables, Florida 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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: Alfredo G. Pujol, M.D. 4/4/95 (305) 825-070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087000 CP