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

PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 POCUMENT # P93000087672 (0)

EAST LAS OLAS PSYCHOLOGICAL GROUP, INC.

Principal Place of Business Mailing Address 201 SE B AVE 201 SE B AVE FT LAUDERDALE FL 33301-3632 FT LAUDERDALE FL 33301 3. Date Incorporated or Qualified 3a. Date of Last Report 12/17/1993 04/29/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0464551 21 26 Not Applicable Suite, ApI #, etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DEL PRETE, RICHARD 201 SE 8 AVE 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33301 63 City 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 tille if applicat (NOTE Registered Agent signature required when reinstating) 96/6) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE Change IJĽ 1.1 TITLE DEL PRETE, RICHARD NAME 1.2 NAME CR2E034 201 SE 8 AVE 13 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33301 DITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE 1-1LF KUTNER, ROBERT A NAME 2.2 NAME 201 SE 8 AVE 2.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33301 2. 4 City-St-ZiP CITY-ST-ZIP Addition DELETE 3.1 TITLE ☐ Change THE 3.2 NAME BROCHU, ELIZABETH NAVE BROCHU, ELIZABETH 201 SE 8 Avenue 3.3 STREET ADORESS STREET ADDRESS 201 SE 8 Avenue FT. LAUDERDALE, FL 33301 Change 3.4. CITY - ST - ZIP CITY - \$1 - ZIP FT. LAUDERDALE, FL 33301 DELETE Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY - ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 62 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 supplies 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 is a function of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name a signature shall have the same legal effect as if made under oath; that is report as required by Chapter 607, Florida Statutes; and that my name a signature shall have the same legal effect as if made under oath; that is report as required by Chapter 607, Florida Statutes; and that my name as signature shall have the same legal effect as if made under oath; that is report as required by Chapter 607, Florida Statutes; and that my name as signature shall have the same legal effect as if made under oath; that is report as required by Chapter 607, Florida Statutes; and that my name as signature shall have the same legal effect as if made under oath; that is report as required by Chapter 607, Florida Statutes; and that my name as signature shall have the same legal effect as if made under oath; that is report as required by Chapter 607, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1-97

954-768-0439-KUD

FILED

Apr 15 1997 8:00am

Secretary of State