

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000001975 (9)

1. Corporation Name

PROPSYCH, INC.



Principal Place of Business

18167 US 19 NORTH
SUITE 400
CLEARWATER FL 34624

Mailing Address

18167 US 19 NORTH
SUITE 400
CLEARWATER FL 34624

2. Principal Place of Business

21 701 Enterprise Rd E.

Suite, Apt. #, etc.

22 910

City & State

23 Safety Harbor FL

Zip

24 34695

Country

25 USA

2a. Mailing Address

26 701 Enterprise Rd E.

Suite, Apt. #, etc.

27 910

City & State

28 Safety Harbor FL

Zip

29 34695

Country

30 USA

3. Date incorporated or Qualified

01/10/1994

3a. Date of Last Report

05/19/1995

4. FEI Number

59-3220162

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$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

KALE, WILLIAM L
18167 US 19 NORTH
SUITE 400
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name Robin Kirk
82 Street Address (P.O. Box Number is Not Acceptable) 701 Enterprise Rd E
83 Suite 910
84 City Safety Harbor FL 85 Zip Code 34695

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 jurisdiction of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

Robin Kirk, President

2-16-96

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP KALE, WILLIAM 4937 TURTLE CREEK TRAIL OLDSMAR FL P KIRK, ROBIN 8706 BAY CREST LANE TAMPA FL T BONA, JOE 837 S DAKOTA TAMPA FL S TOMS, JOHN 7930 BAY PONTE DR C34 TAMPA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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:

[Signature]

Robin Kirk

2-16-96 813-776-916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)