


FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90103 038 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P94000003895

1. Corporation Name
SENIOR PSYCH CARE, P.A.



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| Principal Place of Business 20105 NE 3RD CT UNIT 4 N. MIAMI FL 33179 US | Mailing Address 20105 NE 3RD CT. 4 N MIAMI BCH FL 33179 US |
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DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 20105 NE 3rd Ct 27 Suite, Apt. #, etc. 28 Unit 4 29 N. Miami FL 30 33179 31 Dade |
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|--|---|-------------------------------|
| 3. Date Incorporated or Qualified 01/15/1994 | 4. FEI Number 65-0440401 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes the current year Intangible Personal Property Tax. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent GONZALEZ, DAMARIS 20105 NE 3RD COURT UNIT 4 MIAMI FL 33179 |
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| 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code |
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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 date if applicable. (NOTE: Registered Agent signature required when reinstating) | | DATE |
| 12. OFFICERS AND DIRECTORS | | |
| TITLE | NAME | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| NAME | DP | 1.1 TITLE |
| STREET ADDRESS | GONZALEZ, DAMARIS | 1.2 NAME |
| CITY-ST-ZIP | 20105 N.W. 3RD COURT UNIT 4 | 1.3 STREET ADDRESS |
| | MIAMI FL 33179 | 1.4 CITY-ST-ZIP |
| TITLE | | 2.1 TITLE |
| NAME | | 2.2 NAME |
| STREET ADDRESS | | 2.3 STREET ADDRESS |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP |
| TITLE | | 3.1 TITLE |
| NAME | | 3.2 NAME |
| STREET ADDRESS | | 3.3 STREET ADDRESS |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP |
| TITLE | | 4.1 TITLE |
| NAME | | 4.2 NAME |
| STREET ADDRESS | | 4.3 STREET ADDRESS |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP |
| TITLE | | 5.1 TITLE |
| NAME | | 5.2 NAME |
| STREET ADDRESS | | 5.3 STREET ADDRESS |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP |
| TITLE | | 6.1 TITLE |
| NAME | | 6.2 NAME |
| STREET ADDRESS | | 6.3 STREET ADDRESS |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP |

14. I 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 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, with all other like empowered.

SIGNATURE:

Damaris Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/99 305 239-6813
Date Daytime Phone #

CR2E034/11/8A