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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000010195

1. Corporation Name

HAROLD P. SCHWARZ, M.D., P.A.

Principal Place	of Business	Mailing Address					
MENTAL HLTH ASSOCIATES OF PBCH SAME							
SUITE 302 4362 NORTHLA			UITE 202				
WEST PALM BE	PALM BEACH GARDENS FL	BEACH GARDENS FL 33410-6269		DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed		
·					01/31/1994		
2. Principal Pla	ace of Business	2a. Mailing Address	•	•	4, FEI Number Applied For		
21 26					NOT APPLICABLE Not Applicable		
Suite, Apt. #	Suite, Apt. #, etc.	te, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional			
22 27					Fee Required		
City & State	City & State	ity & State		6. Election Campaign Financing \$5.00 May Be			
23 28					Trust Fund Contribution Added to Fees		
Zip Country Zip			Country		This corporation owes the current year Intangible		
24	[25]		30		Personal Property Tax. Yes No		
<u></u>	9. Name and Address of Current	Registered Agent		<u></u>	10. Name and Address of New Registered Agent		
1000	N PUBLET TALL		81	Name	ne		
BRODY, ROBERT 304 1601 FORUM PLACE, SUITE 464			82	Street	Address (P.O. Box Number is Not Acceptable)		
			L				
WES	T PALM BEACH FL 33401		83				
}			84	City	85 Zip Code		
		v	"	O.Ly	FL (*)		
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	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agen	t signature	ure required when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
mle	D	☐ DELETE	1.1 T∏LE		☐ Change ☐ Addition		
NAME	SCHWARZ. HAROLD P		1.2 NAME				
STREET ADDRESS	15 DUNBAR ROAD		1.3 STREET	ADDRESS	:ss		
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CITY-S	Γ-ZIP			
TITLE	tresser	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition ☐		
NAME .	E. Ray Kennedy		2.2 NAME				
STREET ADDRESS	2617 M-Flagler Dr.	#302-	2.3 STREET	ADORESS	:ss		
CITY-ST-ZIP	W. P. B. FL 35407	- -	2. 4 CITY-S	T- ZIP			
TITLE	Secretary	☐ DELETE	3.1 TITLE		Change Addition		
NAME .	Claranne Berg .	<u> </u>	3.2 NAME				
STREET ADDRESS	JUST n. Clarked Pr. #	502	3.3 STREET	ADVIRESS	:ee		
I	W.P.B. F L 33407		3.4. CITY-S				
TITLE	CONTROL C SO LOC	DELETE	4.1 TITLE	<u>,-21</u> -	☐ Change ☐ Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDECO	;ee		
· 1			1				
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST 5.1 TITLE	-211	Change Addition		
J		المراجعة الم	5.2 NAME		C. Guange C. Fadanani		
NAME			5.3 STREET	ADDRESS	22:		
STREET ADDRESS							
CITY-ST-ZIP		□ DELETE	5.4 C/TY-ST 6.1 TITLE	· LIP	☐ Change ☐ Addition		
TITLE		⊢'] n ∈t ∈ie	6.2 NAME		☐ Charge ☐ Addition ☐		
NAME				ADDATES			
STREET ADDRESS			6.3 STREET	MUUNESS	٠ دد،		

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 conforation or the receiver of 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 off an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90067 021 ***150.00