

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 MAY 24 PM 2:15

1. Corporation Name
PSYCHOTHERAPY ASSOCIATES, INC.

DOCUMENT #

P94000 015473

Mailing Address
9950 STIRLING ROAD
SUITE 107
COOPER CITY, FL 33024

Principal Place of Business
9950 STIRLING ROAD
SUITE 107
COOPER CITY, FL 33024

000001500960
-05/30/95--01017--020
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address

2a. Principal Place of Business

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified

3a. Date of Last Report

2/24/94

4. FEI Number

65-0470449

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

7. Nonprofit Exempt from \$138.75
Supplemental Fee ☐

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

DONNA HENDRICKS-MARX
10396 GROVE ST.
COOPER CITY, FL 33328

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, or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE:

DATE

5-11-95

Registered Agent Accepting Appointment (NO) Registered Agent signature required when resigning

12. OFFICERS AND DIRECTORS

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P D
12 NAME DONNA HENDRICKS-MARX
13 STREET ADDRESS 10396 GROVE ST.
14 CITY - ST - ZIP COOPER CITY, FL 33328

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
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64 CITY - ST - ZIP

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42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

SIGNATURE:

DONNA HENDRICKS-MARX

PERMITTED BY MAY 1

4-28-95 (305) 436-8826