FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000020117 (5)

1. Corporation Name

NORTHSIDE PSYCHOLOGICAL SERVICES, INC.

Principal Place of Business

~~407 WHOOPING LOOP CIRCLE~~
~~SUITE 1037~~
~~ALTAMONTE SPRINGS FL 32701~~

Mailing Address

~~407 WHOOPING LOOP CIRCLE~~
~~SUITE 1037~~
~~ALTAMONTE SPRINGS FL 32701~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 681 Douglas Ave
Suite, Apt. #, etc.
22 Suite # 101
City & State
23 Altamonte Springs, FL
Zip
24 32714
Country
25 Seminole

2a. Mailing Address
26 681 Douglas Ave.
Suite, Apt. #, etc.
27 Suite # 101
City & State
28 Altamonte Springs, FL
Zip
29 32714
Country
30 Seminole

3. Date Incorporated or Qualified: 03/14/1994
3a. Date of Last Report: NA
4. FEI Number: 59-2971914 ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

GENTNER, ELLEN
~~407 WHOOPING LOOP CIRCLE~~
~~SUITE 1037~~
~~ALTAMONTE SPRINGS FL 32701~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 681 Douglas Ave
83 Suite # 101
84 City: Altamonte SpringsFL
85 Zip Code: 32714

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	GENTNER, ELLEN L	1 NAME	
STREET ADDRESS	235 SHADY OAKS CIRCLE	1 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	1 CITY-ST-ZIP	
TITLE	D	2 TITLE	☐ Change ☐ Addition
NAME	GENTNER, ROBERT N	2 NAME	
STREET ADDRESS	235 SHADY OAKS CIRCLE	2 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	2 CITY-ST-ZIP	
TITLE	D	3 TITLE	☒ Change ☐ Addition
NAME	GUEST, THOMAS A	3 NAME	
STREET ADDRESS	~~520 RIVIERA DRIVE~~	3 STREET ADDRESS	305 old Mary Cove
CITY-ST-ZIP	~~ALTAMONTE SPRINGS FL 32701~~	3 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	D	4 TITLE	☐ Change ☐ Addition
NAME	GUEST, LINDA C	4 NAME	
STREET ADDRESS	~~520 RIVIERA DRIVE~~	4 STREET ADDRESS	305 old Mary Cove
CITY-ST-ZIP	~~ALTAMONTE SPRINGS FL 32701~~	4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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(1)(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.

SIGNATURE: Ellen L. Gentner 4/27/95 (407) 682-6330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ellen L. Gentner

0036931 CP