

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

CORPORATION ANNUAL REPORT 1995	FLORIDA DEPARTMENT OF STATE Sandra B. Martin Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business

21 681 Douglas Ave
Suite Apt. # etc.

2a. Mailing Address

26 681 Douglas Ave.
Suite Apt. # etc.

22 Suite # 101

27 Suite # 101

City & State

23 ALTAMONTE SPRINGS, FL
28 ALTAMONTE SPRINGS, FL

City & State

29 33714 25 Seminole 29 33714 30 Seminole

Zip County

9. Name and Address of Current Registered Agent

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

681 DOUGLAS AVE
SUITE # 101

B3 City

A10 Code

10. Name and Address of New Registered Agent

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 607.0508, Florida Statutes.

SIGNATURE

(Please print clearly and legibly, or type if possible.)

(If a registered agent you must sign and date this document.)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICE	NAME	STREET ADDRESS	CITY ST ZIP	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY ST ZIP	15 Change	16 Addition
OFFICE	NAME	STREET ADDRESS	CITY ST ZIP	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY ST ZIP	15 Change	16 Addition
OFFICE	NAME	STREET ADDRESS	CITY ST ZIP	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY ST ZIP	15 Change	16 Addition
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OFFICE	NAME	STREET ADDRESS	CITY ST ZIP	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY ST ZIP	15 Change	16 Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption granted in Section 119.07(4)(b), Florida Statutes. I further certify that the information included on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and value under law that it would have if handwritten on the original document or on a copy of the original document. I also certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 100, Florida Statutes, and that my signature appears in Block 12 or Block 13 of the Dated and Acknowledged section after being witnessed by a Notary Public.

SIGNATURE:

Ellen L. Gentner

4/27/95 (407) 682-6330

APPROVED
AND
FILED

95 MAY - 1 PM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/14/1994

NA

4. FEI Number
59-2671914

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. This corporation has liability for unpayable tax under S. 199.032.
Florida Statutes
 Yes No