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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000020117 (5)

1. Corporation Name

NORTHSIDE PSYCHOLOGICAL SERVICES, INC.



Principal Place of Business

681 DOUGLAS AVE.
SUITE #101
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

681 DOUGLAS AVE.
SUITE #101
ALTAMONTE SPRINGS FL 32714
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1994

4. FEI Number

59-3302401

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

CHANGE OF ADDRESS

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. SUITE 101

27 Suite, Apt. #, etc.

22 681 DOUGLAS AVE.

27 City & State

23 ALTAMONTE SPR FL

28 City & State

24 Zip 32714

29 Zip

25 USA

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GENTNER, ELLEN
681 DOUGLAS AVE.
SUITE #101
ALTAMONTE SPRINGS FL 32714

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, 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 title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GENTNER, ELLEN L
STREET ADDRESS 235 SHADY OAKS CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME GENTNER, ROBERT N
STREET ADDRESS 235 SHADY OAKS CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME QUEST, THOMAS A
STREET ADDRESS 288 BALD EAGLE RUN
CITY-ST-ZIP LAKE MARY FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME QUEST, LINDA C
STREET ADDRESS 288 BALD EAGLE RUN
CITY-ST-ZIP LAKE MARY FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: Ellen L. Gentner, President 4/28/98

CR2E034 (10/97)