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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:15

DOCUMENT # **P94000034656 (6)**

1. Corporation Name
QUALIPSYCH, INC.

Principal Place of Business	Mailing Address
5200 BLUE LAGOON DR., SUITE 700 MIAMI FL 33126	5200 BLUE LAGOON DR., SUITE 700 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1994
3a. Date of Last Report:

2. Principal Place of Business	21 901 Ponce De Leon Blvd.	2a. Mailing Address	26 901 Ponce De Leon Blvd.
Suite, Apt. #, etc	22 701	Suite, Apt. #, etc	27 701
City & State	23 Coral Gables, Florida	City & State	28 Coral Gables, Florida
Zip / Country	24 33134 / 25 US	Zip / Country	29 33134 / 30 US

4. FEI Number: [X] 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	10. Name and Address of New Registered Agent
SAEZ, PEDRO P ESQ. 5200 BLUE LAGOON DR., SUITE 700 MIAMI FL 33126	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 901 Ponce De Leon Blvd. Suite 701 34 City: Coral Gables FL 35 Zip Code: 33134

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) (MUST: Registered Agent signature required when changing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	[ ] Change [ ] Addition
NAME	GARRIDO, ANGEL, M.D.	12 NAME	
STREET ADDRESS	717 Ponce De Leon Blvd. Ste 305	13 STREET ADDRESS	
CITY ST ZIP	Coral Gables, Florida 33134	14 CITY ST ZIP	
TITLE	DVS	21 TITLE	[ ] Change [ ] Addition
NAME	MANDRI, DANIEL, M.D.	22 NAME	
STREET ADDRESS	717 Ponce De Leon Blvd. Ste 305	23 STREET ADDRESS	
CITY ST ZIP	Coral Gables, Florida 33134	24 CITY ST ZIP	
TITLE		31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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(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: ANGEL E. GARRIDO 4/28/95 (305) 447-0717
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR (Title) (Daytime Phone #)

0129034 CP