**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

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

**FILED**
95 AUG -7 AM 11:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000058094 (1)**

1. Corporation Name
**JEFFERY T. MEECH, PSY.D., P.A.**

| Principal Place of Business | Mailing Address |
|---|---|
| 330 PALMWOOD PLACE #107<br>BOCA RATON FL 33431 | 330 PALMWOOD PLACE #107<br>BOCA RATON FL 33431 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/05/1994
3a. Date of Last Report:

2. Principal Place of Business
21 1601 FORUM PLACE
Suite, Apt. #, etc.
22 SUITE 602
City & State
23 WEST PALM BEACH, FL
Zip 24 33401 Country 25 UNITED STATES

2a. Mailing Address
26 1601 FORUM PLACE
Suite, Apt. #, etc.
27 SUITE 602
City & State
28 WEST PALM BEACH, FL
Zip 29 33401 Country 30 U.S.

4. FEI Number: 65-0512067 ☐ 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

KLISTON, TODD W
8211 W. BROWARD BLVD.
SUITE 375
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: MEECH, JEFFERY T.
82 Street Address (P.O. Box Number is Not Acceptable): 330 PALMWOOD PLACE
83 APT 107
84 City: BOCA RATON FL 85 Zip Code: 33431

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] Psy.D. DATE: 1 AUG 95
Signature, typed or printed name of registered agent and title if applicable — FAX: Registered Agent signature required when reinstating

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | MEECH, JEFFREY T | 12 NAME | |
| STREET ADDRESS | 330 PALMWOOD PLACE #107 | 13 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33431 | 14 CITY-ST-ZIP | |
| TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 | |

CR2E034 (3/95)

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)(k), 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:** [signature] Psy.D. 1 AUG 95 (407) 554-4995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0005475 CP