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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Motham

Secretary of State

DIVISION OF CORPORATIONS

1996

P94000069636 (6)

DOCUMENT #

PSYCHOLOGICAL HEALTH ASSOCIATES, INC.



		Mail no. Asidenno		I INCIDENTIAL TO SERVICE AND ADDITIONS OF THE PROPERTY ADDITIONS OF THE PROP	
rincipal Piace o		Mailing Address 149 NW 101 STREET			
149 NW 101 MIAMI FL 33		MIAMI FL 33150			
				3. Date Incorporated or Qualified 09/2 1/1994	3a. Date of Last Report 07/11/1995
Principal Plac	ce of Business 5 SW 73 ST	2a. Mailing Address		4. FEI Namber 65-0513766	Applied For Not Applicable
<u> </u>	204	Suite, Apl. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	1: 0.00° F.1	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
	JUN Jountry USA	Zip	Country	This corporation has liability for in Florida Statutes     Yes	tangible tax under s. 199.032,
32	9. Name and Address of Curre	nt Registered Agent	[30]	10. Name and Address of New Re	gistered Agent
	g, Haire and Address of Carre	· · · · · · · · · · · · · · · · · · ·	81 Name	R. C. Del 18	2io
DEL RI	o, Cristian		82 Street Add	ress (P.O. Box Number is Not Acceptable	
	N 101 STREET		L	5 SW 98 Te	RR
MAM	FL 33150		83 MiA	mi	
			<b>84</b> Cty		FL 85 Zip Code 33/56
	(0)	20 and 607 1509 Evoids Statute	e the show named come	ration submits this statement for the puri and of directors. Thereby accept the appo	one of changing its registered off
<ol> <li>Pursuant to or registere</li> </ol>	o the provisions of Sections 607,050 ed agent, or both, in the State of Flo	rida. Such change was authorize	by the corporation's box	ration submits this statement for the port and of directors. Thereby accept the apport	intment as registered agent. I am
familiar with	h, and accept the obligations of SS	chon-607.0505, Figure Statutes		Ĺ	1-1-96
GNATURE _	Signature broad or printed have obroad-based asp	The state of the s	TE - Bioge tener L'Agent sujuature recent	ed when no redatings	DATE
2.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
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14. I do heroby certify that the information supplied with this tring is volunteerly turnished and obesited quality to the control of the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate ano that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate ano that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate ano that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate ano that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate ano that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate ano that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate ano that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate another than the information indicated on the same legal effect as if made under certify that the information indicated on the same legal effect as if made under certification indicated on the same legal effect as if made under certification indicated on the same legal effect as if made under certification indicated on the same legal effect as if made under certification indicated on the same legal effect as if made under certification indicated on the same legal effect as if made under certification indicated on the same legal effect as if made under certification indicated on the same legal effect as if made under certification indicated on

SIGNATURE:

John Dliver 4-196 (305)

1305)354-1014

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