

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000069636 (6)

1. Corporation Name
PSYCHOLOGICAL HEALTH ASSOCIATES, INC.



Principal Place of Business

149 NW 101 STREET
MIAMI FL 33150

Mailing Address

149 NW 101 STREET
MIAMI FL 33150

3. Date Incorporated or Qualified
09/21/1994

3a. Date of Last Report
07/11/1995

2. Principal Place of Business

21 5900 SW 73 ST.

Suite, Apt. #, etc.

22 St. 204

City & State

23 So. Miami, FL

Zip

24 33143

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

27

Zip

28

Country

29

4. FCI Number

65-0513766

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

DEL RIO, CRISTIAN
149 NW 101 STREET
MIAMI FL 33150

10. Name and Address of New Registered Agent

81 Name DR. C. Del Rio

82 Street Address (P.O. Box Number is Not Acceptable)
8125 SW 98 TERR

83 Miami

84 City

FL

85 Zip Code

33156

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 or third party agent

NOTE: Registered Agent's name required when not a director

DATE

4-1-96

12. OFFICERS AND DIRECTORS

TITLE P
NAME OLIVER, JOHN
STREET ADDRESS 149 NW 101ST ST
CITY-ST-ZIP MIAMI FL

TITLE V-President
NAME Del Rio, Cristian
STREET ADDRESS 8125 SW 98 TERR.
CITY-ST-ZIP MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

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

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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 typed or printed name of signing officer or director
John Oliver 4-1-96

1305 354-1014

CR2E034 (12/95)