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

Mailing Address

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

1996

Principal Place of Business

TITLE

NAME

TIFLE

NAME

STREET ACDRESS

STREET ACORESS

CITY-ST-ZIP

P94000075904 (0) DOCUMENT #

ALAN L. BRAUNSTEIN, PH.D., MICHAEL P. BRANNON, P SY.D. AND ASSOCIATES, P.A.

1232 N. UNIVERSITY DRIVE 1232 N. UNIVERSITY DRIVE PLANTATION FL 33322 PLANTATION FL 33322 3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1995 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 **\$5.00** May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Ζφ Country ☐ Yes ☐ No 30 Florida Statutes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BRAUNSTEIN, ALAN L Street Address (P.O. Box Number is Not Acceptable) 82 1232 N. UNIVERSITY DRIVE 83 **PLANTATION FL 33322** Zio Code 85 City 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 orin pration's board of directors. I hereby accept the appointment as registered agent. I am Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 Change Addition 1 171716 THLE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition 2 1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY-ST-2IP 24 CITY - ST- ZIP Change ☐ Addition DELETE 3 1 TilluF TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST-ZIP CITY-ST-7/P Change Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STHEFT ADDRESS STREET ADDRESS 44 CITY - ST-ZIP CITY - ST - ZIP

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 personnel state of the corporation of the corporation or the receiver or trustee empowered personnel this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 1

5.1 1111.6

5.2 NAME

6 1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 City - St - 2iP

5 4 CITY - ST - ZIP

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