


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jul 29 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** PA15000005531  
 1. Corporation Name  
Center for Learning Needs and Psychological Interventions, PA.

Principal Place of Business <u>1395 NW 167 Street Suite 110 Miami, FL 33169</u>	Mailing Address <u>1093 SW 156 Terrace Pembroke Pines, FL 33027</u>
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2. Principal Place of Business 21 <u>1395 NW 167 Street</u>	2a. Mailing Address 26 <u>1093 SW 156 Terrace</u>
Suite, Apt. #, etc. 22 <u>Suite 110</u>	Suite, Apt. #, etc. 27
City & State 23 <u>Miami FL</u>	City & State 28 <u>Pembroke Pines FL</u>
Zip 24 <u>33169</u>	Country 25 <u>USA</u>
Zip 29 <u>33027</u>	Country 30 <u>USA</u>

3. Date Incorporated or Qualified <u>January 1995</u>	3a. Date of Last Report <u>July 1996</u>
4. FEI Number <u>65-0584689</u>	Applied For <input type="checkbox"/>
Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
Michael P. Rizzo  
1093 SW 156 Terrace  
Pembroke Pines, FL 33027

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<u>FL</u>
85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<u>President</u>	<input type="checkbox"/> DELETE
NAME	<u>Michael P. Rizzo</u>	
STREET ADDRESS	<u>1093 SW 156 Terrace</u>	
CITY-ST-ZIP	<u>Pembroke Pines, FL 33027</u>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<u>600002257266</u>
5.3 STREET ADDRESS	<u>-08/04/97--01125--033</u>
5.4 CITY-ST-ZIP	<u>***385.00</u>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<u>600002257266</u>
6.3 STREET ADDRESS	<u>-08/04/97--01125--037</u>
6.4 CITY-ST-ZIP	<u>***165.00</u>

14. I do hereby certify that the information supplied with this filing 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: Michael P. Rizzo 6/23/97 (305)620-7747  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Domicile Phone #

CR2E034 (9/96)