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PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000011843 (6)

THE INSTITUTE OF PSYCHOLOGICAL STUDIES, INC.

Certified Mail Number P 486 983 349

FILED Jun 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 801 WEST BAY DRIVE 1909 SEAGULL DRIVE CLEARWATER FL 34624 SUITE 511 DO NOT WRITE IN THIS SPACE **LARGO FL 33770** 3. Date Incorporated or Qualified 02/10/1995 2. Principal Place of Business FEI Number 2a. Mailing Address Applied For 801 West Bay Drive 21 59-3307161 Not Applicable Suite Apt. #. etc Suite 511 Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Largo, Florida 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 33770 USA 24 25 29 Personal Property Tax due June 30. Yes X No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ROSS. ALYSIA S TOHE CLINICIANS GROUP, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) **801 WEST BAY DRIVE, SUITE 511** 83 LARGO FL 33770 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change X Addition TITLE 111000 Treasurer ROSS, ALYSIA S M.S. NAME 1.2 NAME Tessier-Ross, Dorothy P. 1909 Seagull Drive Clearwater, Florida 337 1909 SEAGULL DRIVE STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 34624** 33764 1.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE 2.1 TITLE **C**hange Addition TITLE Executive Director 22 NAME NAME #117 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CHY-ST-ZIP DELETE 3.1 10116 Change Addition TATLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-S1-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition 5 1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE 1000025433 Pfhange Addilion TITLE 6.1 THLE NAME 6.2 NAME -06/02/98--01016--038 STREET ADDRESS 6.3 STRELT ADDRESS ***150.00 64 CITY-ST-7iP CITY-ST-ZIP

14. I hereby certify that the information supplied with this bling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this inmust report or supplemental amount report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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 indices.

Alysia S. Ross, M.S., Executive Director