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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

1. Corporation Name

P95000015377 (1)

PSYCHOTHERAPY ASSOCIATES OF THE TREASURE COAST, P.A.

Principal Place of Business Mailing Address

729 COLORADO AVE. P.O. BOX 2025 STUART FL 34995		729 COLORADO AVE. P.O. BOX 2025 STUART FL 34995			3. Date Incorporated or Qualified 02/23/1995	3e. Date	of Last Report	
2. Principal Place of Business 21		2a. Mailing Address			4. FEI Number	1	Applied For	
		²⁶ PO Box 2025			65-0570042	Not Applicable		
Suite, Apit. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	ale	City & State 28 Stuart, FL 34757			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Ziμ	Country		untry		8. This corporation has fiability for i	ntangible ta	x under s. 199.032,	
24	25	29 343995 30				□ No		
	9. Name and Address of Cur	rent Registered Agent	<u> </u>	10. Name and Address of New Registered Agent				
			81	Name				
CHERRY, RICHARD G 1665 PALM BEACH LAKES BLVD.			82	Street Addres	et Address (P.O. Box Number is Not Acceptable)			
SUITE W PA	E 600 ALM BEACH FL 33401		83					
***	LEM DESCRIPTE COST		84	City		FL	85 Zip Code	
or regist	it to the provisions of Sections 607.09 lered agent, or both, in the State of F with, and accept the obligations of, S	502 and 607.1508, Florida Statutes, the ab londa. Such change was authorized by the ection 607.0505, Florida Statutes.	corpx ove-n	named corporati oration's board	on submits this statement for the pur of directors. I hereby accept the appo	pose of cha pintment as	nging its registered office registered agent. I am	
SIGNATURE								

SIGNATURE _	no y a transporte may be an account		F-6-050-0140-00-00-00-00-00-00-00-00-00-00-00-00-0					
Standard, typed or printed name of registered agent and title if applicable (NO 12. OFFICERS AND DIRECTORS			13.	red Agunt signature required when reinstating: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TIL.E	D	DELETE	1. 1 TiTLE	[] Change				
NAME	RALICKI, JEANNE P		1.2 NAME		_			
STREET ADDRESS	729 COLORADO AVE.		1.3 STREET ADDRESS					
CiTY - ST - ZIP	STUART FL 34995		1.4 CITY-ST-ZIP					
Ðf,€	D	DELETE	2 1 TITLE	☐ Change	Addition			
NAME	RALICKI, JEFFREY S		2 2 NAME		_			
STREET ADDRESS	729 COLORADO AVE.		2 3 STREET ADDRESS					
OHY ST ZIP.	STUART FL 34995		2 4 CITY - ST - 7IP					
10.6		☐ DELETE	3 1 TITLE	☐ Change	Addition			
NAME			3 2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
0/1Y+S1+7/P			3 4 CITY-ST-ZIP					
Tille		☐ DELETE	4. 1 TITLE	Change	Addition			
NAME			4.2 NAME					
STREUT ADDRESS			4.3 STREET ADDRESS					
CITY - ST - ZIP			4 4 CITY-ST-7IP					
THILE		DELETE	5 1 TITLE	☐ Change	Addition			
NAME			52 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY+ST 2IP			54 CITY-ST-ZIP					
TIBLE		DELETE	6 1 TITLE	☐ Change	Addition			
NAME :			6.2 NAME					
STREET ADORESS			63 STREET ADDRESS					
City-St-ZiP			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

SANATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96 (407) 220-1629
Daytine Prone!

CR2E034 (12/95)