

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

FILED  
Feb 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000015377 (1)

1. Corporation Name

PSYCHOTHERAPY ASSOCIATES OF THE TREASURE COAST,  
P.A.

Principal Place of Business

729 COLORADO AVE.  
P.O. BOX 2025  
STUART FL 34995

Mailing Address

PO BOX 2025  
STUART FL 34995  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/23/1995

4. FEI Number

65-0570042

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

CHERRY, RICHARD G  
1665 PALM BEACH LAKES BLVD.  
SUITE 600  
W PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

JEANNE P. RALICKI

82 Street Address (P.O. Box Number is Not Acceptable)

6484 SE Sp4 Glass Ln.

83

84 City

STUART

FL

85 Zip Code

34997

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

JEANNE P. RALICKI

Signature, typed or printed name of registered agent and date of application

NOTE: Registered Agent signature required when reinstating)

2/23/98

DATE

12. OFFICERS AND DIRECTORS

TITLE

D  
NAME RALICKI, JEANNE P  
STREET ADDRESS 729 COLORADO AVE.  
CITY-ST-ZIP STUART FL 34995

DELETE

TITLE

D  
NAME RALICKI, JEFFREY S  
STREET ADDRESS 729 COLORADO AVE.  
CITY-ST-ZIP STUART FL 34995

DELETE

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I 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:

JEANNE P. RALICKI

2/23/98

561 230 4639

CR2E034 (10/97)