

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000024724 (3)**

1. Corporation Name

PSYCHIATRIC MANAGEMENT ASSOCIATES CORP.



Principal Place of Business

**707 N.W. 57TH AVENUE
MIAMI FL 33126**

Mailing Address

**707 N.W. 57TH AVENUE
MIAMI FL 33126**

3. Date Incorporated or Qualified

03/28/1995

3a. Date of Last Report

2. Principal Place of Business

21 **1150 N.W. 72nd AVE**

Suite, Apt. #, etc.

22 **SUITE 450**

City & State

23 **MIAMI FL**

Zip Country

24 **33126**

2a. Mailing Address

26 **P.O. Box 521742**

Suite, Apt. #, etc.

27

City & State

28 **MIAMI FL**

Zip Country

29 **33132-1742**

30

4. FEI Number

65-0567666

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**REDONDO, JOSE P
707 N.W. 57TH AVENUE
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name **REDONDO, JOSE P. PH.D.**

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

1150 N.W. 72nd AVE

83 **SUITE 450**

84 City **MIAMI**

FL

85 Zip Code

33126

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:

Signature, typed or printed name of officer or director, if the corporation is a corporation.

NOTE: Registered Agent signature required when changing.

1-24-96

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **REDONDO, JOSE P**
STREET ADDRESS **707 N.W. 57TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **D** ☐ DELETE
NAME **GRANDA-RODRIGUEZ, GLADYS**
STREET ADDRESS **707 N.W. 57TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
1.2 NAME **REDONDO, JOSE P. PH.D.**
1.3 STREET ADDRESS **1150 N.W. 72nd AVE #450**
1.4 CITY-ST-ZIP **MIAMI FL 33126**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **GRANDA-RODRIGUEZ, GLADYS**
2.3 STREET ADDRESS **1150 N.W. 72nd AVE 450**
2.4 CITY-ST-ZIP **MIAMI FL 33126**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(g), 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 as an attachment with an address.

SIGNATURE:

Jose P. Redondo, PH.D. **1-24-96** **(305) 591-1919**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11c

Exhibit 11c

CR2E034 (12/95)