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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000056589 (1) **DOCUMENT #** 

THE CENTER FOR PSYCHOLOGY AND NEUROPSYCHIATRY, I NC.

Principal Place of Business

Mailing Address



FORT MYERS	CAL LANE S FL 33907		1688-1 MEDICAL LANE FORT MYERS FL 33907						
						3. Date incorporated or Qualified 07/20/1995	3a. Date	of Last Re L	port
2. Principal Plac	e of Business	2a. Mailing Addi	r098			4. FEI Number			Applied For
1-88-1	Medical Lane	26				650059564			Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #	t, etc.			5. Centificate of Status Desired		+	Additional Required
City & State	yers, Fla.	City & State				6. Election Campaign Financing Trust Fund Contribution		Adde	O May Be d to Fees
Zip 33901	7-/129 25 Lee	∠ip <b>29</b>	30]	ntry			: ⊿No		199.032,
	9. Name and Address of Cure	rent Registered Agent				10. Name and Address of New F	Registered	Agent	
				<b>81</b> Nai	me				
CORPORATION SERVICE COMPANY 1201 HAYS STREET					eet Addre	ress (P.O. Box Number is Not Acceptable)			
TALLAH	IASSEE FL 32301-2525			83					
• .				<b>84</b> Cit	у		FL	<b>85</b> Zı	p Code
SIGNATURE	Igrative typed or printed name of registerer a	gent and the Papeledine	Statutes. ecodest For TA	e Carp	)		DATE	196	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF			
TIFLE	PT	☐ DE	LETE 1 1 T	H_E				☐ Change	☐ Addition
NAME	SPELLMAN, MICHAEL B		1.2 N	AME					
STREET ADORESS	1688-1 MEDICAL LANE		138	TREET ADDR	ESS				
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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 enipowered 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:

5 4/1-278-34Y3