

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90036 042 ***150.00

DOCUMENT # P95000078477

1. Corporation Name

ASSOCIATED DOCTORS FOR PSYCHOLOGICAL SERVICES, I
NC.

Principal Place of Business

13324 SW 46 TERRACE
MIAMI FL 33175
US

Mailing Address

13324 SW 46 TERRACE
MIAMI FL 33175
US

2. Principal Place of Business

21 7705 Georgia Peach Drive

Suite, Apt. #, etc.
#20201

22 City & State
WINTER PARK, FL

23 Zip Country
32792 USA

2a. Mailing Address

26 7705 Georgia Peach Drive

Suite, Apt. #, etc.
#20201

27 City & State
WINTER PARK, FL

28 Zip Country
32792 US

3. Date Incorporated or Qualified

10/09/1995

4. FEI Number

65-0651656

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 the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

RAMIREZ, ADA
10240 SW 56 STREET, SUITE 101
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name

RAMIREZ, ADA

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

7705 Georgia Peach Drive

83

#20201

84 City

WINTER PARK

FL

85 Zip Code

32792

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

5/30/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
RAMIREZ, ADA
STREET ADDRESS
13324 SW 46 TERRACE
CITY-ST-ZIP
MIAMI FL 33175

TITLE ☐ DELETE

NAME
D
RAMIREZ, ARTHUR
STREET ADDRESS
13324 SW 46 TERRACE
CITY-ST-ZIP
MIAMI FL 33175

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
D
RAMIREZ, ADA
1.3 STREET ADDRESS
7705 Georgia Peach Drive #20201
1.4 CITY-ST-ZIP
WINTER PARK, FL 32792

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
D
RAMIREZ, ARTHUR
2.3 STREET ADDRESS
7705 Georgia Peach Drive #20201
2.4 CITY-ST-ZIP
WINTER PARK, FL 32792

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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/99

Date

Daytime Phone #

CR2E034 (11/98)

0082167