

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000083407 (3)**

1. Corporation Name

MED-PSYCH HEALTH CARE SERVICES, INC.



Principal Place of Business

**1601 S.W. 56TH AVENUE
PLANTATION FL 33317**

Mailing Address

**1601 S.W. 56TH AVENUE
PLANTATION FL 33317**

3. Date Incorporated or Qualified

10/31/1995

3a. Date of Last Report

2. Principal Place of Business

21 7900 Nova Drive

Suite, Apt. #, etc.

22 Suite 200

City & State

23 Davie, FL

Zip

24 33324

Country

25 Broward

2a. Mailing Address

26 7900 Nova Drive

Suite, Apt. #, etc.

27 Suite 200

City & State

28 Davie, FL

Zip

29 33324

Country

30 Broward

4. FEI Number

65-0630351

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**RODRIGUEZ, CONNIE
1601 S.W. 56TH STREET
PLANTATION FL 33317**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 signature is of an officer or director)

Signature typed or printed name of registered agent (if the signature is of a registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **RODRIGUEZ, CONNIE**
STREET ADDRESS **% 1601 S.W. 56TH AVE.**
CITY-STATE-ZIP **PLANTATION FL 33317**

TITLE **VD** ☐ DELETE

NAME **KEMPER, KIMBERLY A**
STREET ADDRESS **% 1601 S.W. 56TH AVE.**
CITY-STATE-ZIP **PLANTATION FL 33317**

TITLE **SD** ☐ DELETE

NAME **RODRIGUEZ, STEVEN S**
STREET ADDRESS **% 1601 S.W. 56TH AVE.**
CITY-STATE-ZIP **PLANTATION FL 33317**

TITLE **TD** ☐ DELETE

NAME **RODRIGUEZ, DAVID**
STREET ADDRESS **% 1601 S.W. 56TH AVE.**
CITY-STATE-ZIP **PLANTATION FL 33317**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY-STATE-ZIP

**Kemper, Kimberly A
1941 S.W. 105 Ave
Davie, FL 33324**

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:

Connie Rodriguez, RX, Pres. 4-16-96 954-452-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Do not print the name of the registered agent.)

CR2E034 (12/95)