


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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90196 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000083407					
1. Corporation Name MED-PSYCH HEALTH CARE SERVICES, INC.					
Principal Place of Business 7900 NOVA DRIVE 200 DAVIE FL 33324 US			Mailing Address 7900 NOVA DRIVE 200 DAVIE FL 33324 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/31/1995	
21		26		4. FEI Number 65-0630351	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		85	
Zip		Zip		Country	
24		29		30	
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 RODRIGUEZ, CONNIE			82 Street Address (P.O. Box Number is Not Acceptable) 7900 Nova Drive		
83 Suite 200			84 City DAVIE		
85 Zip Code FL 33324					
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 <u>Connie Rodriguez</u> Connie Rodriguez <u>4-15-99</u> (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME PD RODRIGUEZ, CONNIE			1.2 NAME PD RODRIGUEZ, CONNIE.		
STREET ADDRESS % 1601 S.W. 56TH AVE.			1.3 STREET ADDRESS 7900 NOVA DRIVE # 200		
CITY-ST-ZIP PLANTATION FL 33317			1.4 CITY-ST-ZIP DAVIE, FL 33324		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME VD KEMPER, KIMBERLY A			2.2 NAME		
STREET ADDRESS 1941 S.W. 105TH AVENUE			2.3 STREET ADDRESS		
CITY-ST-ZIP DAVIE FL			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME SD RODRIGUEZ, STEVEN S			3.2 NAME		
STREET ADDRESS 3523 S ORCHARD RD W			3.3 STREET ADDRESS		
CITY-ST-ZIP DAVIE FL 33328			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME TD RODRIGUEZ, DAVID			4.2 NAME RODRIGUEZ, DAVID		
STREET ADDRESS % 1601 S.W. 56TH AVE.			4.3 STREET ADDRESS 7900 NOVA DRIVE # 200		
CITY-ST-ZIP PLANTATION FL 33317			4.4 CITY-ST-ZIP DAVIE, FL 33324		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

SIGNATURE:

David Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Rodriguez

4-15-99
Date

(954) 452-8100
Daytime Phone #

CR2E034 (11/98)