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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	e of Business	Mailing Addre	ess			- I 180 (100) III		i âêir abiai lalab		Bill (88) (88)	
7900 NOVA DR	NVF	7900 NOVA DI	RIVE								
200		200					DO NOT WRITE	E INI THIS SDA	CE		
DAVIE FL 33324 DAVIE FL 33324			24			2 Dote Incorporat	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
US		US				10/31/1995					
2 D-iiI D	Name of Business	2a. Mailing A	ddrees			4. FEI Number			App	lied For	
<u> </u>	lace of Business	— <u> </u>	001699			65-0630351	†		-	Applicable	
Suite, Apt.	# etc	Suite, Apt	t # etc					_ \$	8.75 A		
22	· ·	27	,			5. Certifcate of St	atus Desired		Fee Rec	uired	
City & State	le	City & Sta	ate	***		6. Election Campa	ign Financing		5.00 h	Лау Ве	
23		28				Trust Fund Cor	tribution	<u> </u>	Added to	Fees	
Zip	Country	Zip		Country		8. This corporation	n owes the curre				
24	25	29	3(0		Personal Prope				XNo	
	9. Name and Address of Currer	nt Registered Age	nt			10. Name and Ad	dress of New Re	egistered Age	nt		
				81	Name	RODRIGUEZ, C	ONNIE				
	ORIGUEZ, CONNIE			82	Street	Address (P.O. Box Numbe		ole)			
1	1 S.W. 56TH STREET			<u> </u>		7900 Nova Dr	<u>ive</u>				
PLAI	NTATION FL 33317			83		Suite 200					
İ				84	City			 8:			
						DAVIE		<u> </u>	333		
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607,1508, F	Torida Statutes	, the above	e-named	corporation submits this st pration's board of directors	atement for the p . I hereby accept	ourpose of char the appointme	nging its r int as reg	egistered istered	
agent. I a	am familiar with, and accept the obliga	ations of, Section 6	07.0505, Florid	la Statutes	i.				_		
SIGNATURE	Connie Rode	ugues		Conn	ie R	odriguez	N -1	<u> </u>			
SIGNATURE	Signature, typed or printed name of registered age		(NOTE: R	Conn egistered Ager	ie R	equired when reinstating)		15-99 DATE	IRECTOR		
12.	Signature, typed or printed name of registered age OFFICERS AN	ND DIRECTORS	· · · · · · · · · · · · · · · · · · ·	Connegistered Ager	ie R			ICERS AND D		RS IN 12	
12.	Signature, typed or printed name of registered age OFFICERS AN	ND DIRECTORS	(note: r	Connegistered Ager 13. 1.1 TITLE	ie R	equired when reinstating)		ICERS AND D	IRECTOR		
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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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZiP

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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Rodriguez

(954) 452-8100

May 10, 1999 8:00 am Secretary of State

05-10-1999 90196 043 ***150.00

CR2E034

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