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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000088030 (8)

1. Corporation Name

PSYCHSOLUTIONS NETWORK, INC.

Principal Place of Business

520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131

Mailing Address

520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131-2607

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

9. Name and Address of Current Registered Agent

FREEMAN, STEPHEN A
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131

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 607.1608, 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 registered agent, and title if applicable

(NOTE: Registered Agent Signature is required when installing)

DATE

12. OFFICERS AND DIRECTORS

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

TITLE: **D**
NAME: **FREEMAN, STEPHEN A**
STREET ADDRESS: **520 BRICKELL KEY DR. #0-305**
CITY-ST-ZIP: **MIAMI FL 33131**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE: **PD**
NAME: **ROSEMAN, SCOTT**
STREET ADDRESS: **520 BRICKELL KEY DR., STE 0-305**
CITY-ST-ZIP: **MIAMI FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE: **VPTD**
NAME: **BERGMAN, ARTHUR**
STREET ADDRESS: **520 BRICKELL KEY DR., STE 0-305**
CITY-ST-ZIP: **MIAMI FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE: **VPSD**
NAME: **FELSHER, MICHAEL**
STREET ADDRESS: **520 BRICKELL KEY DR., STE 0-305**
CITY-ST-ZIP: **MIAMI FL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE: **VP**
NAME: **ALLEN, WILLIAM**
STREET ADDRESS: **520 BRICKELL KEY DR., STE 0-305**
CITY-ST-ZIP: **MIAMI FL**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE: **Asst. Secretary**
NAME: **Stephen A. Freeman**
STREET ADDRESS: **520 Brickell Key Dr., 0-305**
CITY-ST-ZIP: **Miami, Florida 33131**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

FILED
Apr 28 1997 8:00am
Secretary of State



CR2E024 (9/96)