

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

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000001715 (7)

1. Corporation Name  
JULSONNET PSYCHOLOGICAL SERVICES, INC.

Principal Place of Business

5979 N.W. 151ST ST.  
SUITE 208  
MIAMI LAKES FL 33024

Mailing Address

5979 N.W. 151ST ST.  
SUITE 208  
MIAMI LAKES FL 33014-2446



2. Principal Place of Business

21 4801 S. University Dr.

Suite, Apt. #, etc.

22

City & State

23 Davie, FL

Zip

24 33326

Country

25 Broward

2a. Mailing Address

26 4801 S. University Dr.

Suite, Apt. #, etc.

27

City & State

28 Davie, FL

Zip

29 33326

Country

30 Broward

3. Date Incorporated or Qualified

12/31/1995

3a. Date of Last Report

09/04/1996

4. FEI Number

59-3245867

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

JENSEN, ROBERT C  
5979 N.W. 151ST STREET  
SUITE 208  
MIAMI LAKES FL 33024

10. Name and Address of New Registered Agent

81 Name

Janice B. Holland, C.P.A.

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

2844 University Drive

83

84 City

Coral Springs

FL

85 Zip Code

33065-1425

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 registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

4/23/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME JULSONNET, SHARON K  
STREET ADDRESS 1724 BREAKERS WAY  
CITY-ST-ZIP FT. LAUDERDALE FL 33328

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary  
1.2 NAME Karen E. Engebretsen-Larash  
1.3 STREET ADDRESS 3528 Southwood Court  
1.4 CITY-ST-ZIP Davie, FL 33328

☐ Change

☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 in an attachment with an address.

SIGNATURE: Sharon K. Julsonnet, President

04/23/97

(954) 680-4044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0120101

CR2E034 (9/96)