


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P96000031499		
1. Corporation Name ACCORD PSYCHOLOGICAL ASSOCIATES, INC.		

Principal Place of Business 501 GOODLETTE ROAD NO. BLDG. D-100 NAPLES FL 34102 US	Mailing Address 501 GOODLETTE ROAD NO. BLDG. D-100 NAPLES FL 34102 US
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2. Principal Place of Business 21 848 MYRTLE TERRACE Suite, Apt. #, etc.	2a. Mailing Address 26 848 MYRTLE TERRACE Suite, Apt. #, etc.
22 City & State 23 NAPLES, FL.	27 City & State 28 NAPLES, FL.
24 Zip 34103	29 Zip 34103
25 Country US	30 Country US

9. Name and Address of Current Registered Agent HARRISON, NOBLE DR. 501 GOODLETTE ROAD NO. BLDG. D-100 NAPLES FL 33940	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 500003000955--4 83 City -09/29/99--01080--024 ****550.00 FL
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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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, NOBLE DR	1.2 NAME	
STREET ADDRESS	501 GOODLETTE ROAD NO. BLDG. D-100	1.3 STREET ADDRESS	848 MYRTLE TERRACE
CITY-ST-ZIP	NAPLES FL 34102	1.4 CITY-ST-ZIP	NAPLES, FL 34103
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, ELIZABETH	2.2 NAME	
STREET ADDRESS	501 GOODLETTE ROAD NO. BLDG. D-100	2.3 STREET ADDRESS	848 MYRTLE TERRACE
CITY-ST-ZIP	NAPLES FL 34102	2.4 CITY-ST-ZIP	NAPLES, FL 34103
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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	

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 changed, or on an attachment with an address.

SIGNATURE:  DATE: **Sept 24, 1999** 941-649-1561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 27 AM 8:42



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 04/08/1996	
4. FEI Number 65-0655425	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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CR2E034 (5/99)

Accord Psychological Associates

Elizabeth Harrison M.S.W., L.C.S.W.
Licensed Clinical Social Worker

Noble Harrison Ph.D.
Licensed Psychologist

Spt 24, 1999

TO: Sean Toner

Re: Corporation Filing -

Dear Sir -

We failed to receive notice of corporation filing
as it was sent to our old address -

Enclosed is the form with new and correct address.
Please correct this in your system -

Cordially yours,

Noble Harrison, Ph.D.