

3-26-97
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000040443 (9)**

1. Corporation Name
**PSYCHOLOGY ASSOCIATES OUTPATIENT CHEMICAL DEPEND
ENCY PROGRAM, INC.**



Principal Place of Business 3363 SHERIDAN ST. SUITE 210 HOLLYWOOD FL 33021	Mailing Address 3363 SHERIDAN ST. SUITE 210 HOLLYWOOD FL 33021-3658
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3. Date Incorporated or Qualified 05/10/1996		3a. Date of Last Report	
4. FEI Number 65-0675983		Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 3900 Hollywood Blvd		2a. Mailing Address 26 Same as	
Suite, Apt. #, etc. 22 303		Suite, Apt. #, etc. 27 # 2	
City & State 23 Hollywood, FL		City & State 28 # 2	
Zip 24 33021	Country 25 Broward	Zip 29	Country 30

9. Name and Address of Current Registered Agent JACOBSON, MARTHA C 3363 SHERIDAN ST, SUITE 210 HOLLYWOOD FL 33021		10. Name and Address of New Registered Agent 81 Name Lynda Spreitzer, CAP 82 Street Address (P.O. Box Number is Not Acceptable) 3900 Hollywood Blvd #303 83 84 City Hollywood FL 85 Zip Code 33021	
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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 **Martina C Jacobson** **Lynda Spreitzer, CAP** **3-15-97**
(NOTE: registered agent signature required when ratifying)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPREITZER, LINDA 3363 SHERIDAN ST, SUITE 210 HOLLYWOOD FL 33021	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD, STD SPREITZER, LYNDA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JACOBSON, MARTHA C 3363 SHERIDAN ST, SUITE 210 HOLLYWOOD FL 33021	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	NO LONGER AN OFFICER
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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.

SIGNATURE: **Lynda J. Spreitzer, President** **3-15-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)