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Apr 29 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 # P96000068277 (8) *NIC 10/15/97*  
1. Corporation Name  
**PSYCH-CARE SERVICES, CORP.**  
**RESEARCH & EVALUATION CONSULTANTS, INC.**  
(SEE ATTACHED)

Principal Place of Business  
5905 S.W. 94TH PLACE  
MIAMI FL 33173

Mailing Address  
5905 S.W. 94TH PLACE  
MIAMI FL 33173-1549

3. Date Incorporated or Qualified 08/15/1996	3a. Date of Last Report
4. FEI Number 65-0684886	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 21 362 Minorca Avenue, Suite 102 Suite, Apt. #, etc. 22 Suite 102 City & State 23 Coral Gables, FL Zip 24 33134	2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 Same City & State 28 Same Zip 29 Country 25 USA 30
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9. Name and Address of Current Registered Agent  
DE SOCARRAZ, ELENA  
800 DOUGLAS ROAD  
SUITE 160 BLDG. B  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
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 607.1508, 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 and agree to fulfill, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Elena de Socarraz* DATE: 4/23/97  
(Type, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	COMPANIONI, JOSEFINA P
STREET ADDRESS	5905 S.W. 94TH PLACE
CITY - ST - ZIP	MIAMI FL 33173
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President
1.2 NAME	Loriana M. Novoa
1.3 STREET ADDRESS	362 Minorca Avenue, Suite 102
1.4 CITY - ST - ZIP	Coral Gables, FL 33134
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	3000002161649
6.2 NAME	-05/01/97--01037--019
6.3 STREET ADDRESS	***165.00
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, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: *4/29/97*  
(Type, typed or printed name of signing officer or director)

CR2E034 (9/96)