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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 # P96000068903 (9)

1. Corporation Name

OCEAN CENTER PSYCHOLOGICAL SERVICES, INC.



Principal Place of Business

1045 E ATLANTIC AVE  
SUITE #311  
DELRAY BEACH FL 33483

Mailing Address

1045 E ATLANTIC AVE  
SUITE #311  
DELRAY BEACH FL 33483-6955

2. Principal Place of Business

21

Suite, Apt. #, etc.

Suite # 314

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite # 314

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

NOMIKOS, MICHAEL J  
1045 E ATLANTIC AVE  
SUITE #311  
DELRAY BEACH FL 33483

3. Date Incorporated or Qualified

08/16/1996

3a. Date of Last Report

N/A

4. FEI Number

65-0692504

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

10. Name and Address of New Registered Agent

81 Name

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

83 Suite # 314

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Michael Nomikos, President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/28/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME NOMIKOS, MICHAEL J  
STREET ADDRESS 411 VENETIAN DR #102  
CITY-ST-ZIP DELRAY BEACH FL 33483

☐ 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 P  
1.2 NAME  
1.3 STREET ADDRESS 88 South Ocean #7  
1.4 CITY-ST-ZIP

☒ 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 on an attachment with an address.

SIGNATURE Michael Nomikos, President 4/28/97 (21) 222-2224

CR2E034 (9/96)