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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000094331 (1)

INTERNATIONAL COLLEGE OF PRESCRIBING PSYCHOLOGIS TS. INC.

Principal Place of Business

Mailing Address

FILED May 15 1998 8:00am Secretary of State



2110 NORTH EAST 206TH STREET 2110 NORTH EAST 206TH STREET NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/14/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0760933 Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intaggible ☐ Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FELDMAN, SAMUEL A 2110 NORTH EAST 206TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **NORTH MIAMI BEACH FL 33179** 83 84 City 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 Signature, typed or printed name of migistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Addition TITLE 1.1 TITLE Change FELDMAN, SAMUEL A NAME 1.2 NAME 2110 NORTH EAST 206TH STREET STREET ADDRESS 1.3 STREET ADDRESS **NORTH MIAMI BEACH FL 33179** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Channe TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREE1 ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition Addition 4.1 TOLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-SY-ZIP

14. Thereby 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:

SAMUEL FELDMAN, Ruc. 4-30-98