PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000094331

1. Corporation Name

INTERNATIONAL COLLEGE OF PRESCRIBING PSYCHOLOGIS

TS, INC.											
Principal Place	e of Business	Mai	ing Address .					18111 81894	ÍIIAA III		
2110 NORTH EAST 206TH STREET NORTH MIAMI BEACH FL 33179 2110 NORTH EAST 206TH STREET NORTH MIAMI BEACH FL 33179							DO NOT WRITE IN THIS SPACE				
11							3. Date incorporated or Qualifed 11/14/1996				
2. Principal Place of Business 2a. Mailing Address					_	-				ied For	
			6				65-0760933	Not Applicable			
Suite, Apt.	#, etc.	 	Suite, Apt. #, etc.				\$8.75 Additional				
22		27					5. Certificate of Status Desired	Fe	e Requ	uired	
- City & Stat	0		City & State :		_		6 Election Campaign Financing	\$5.	00 м	ay Be	
23	•	28					Trust Fund Contribution	Ade	ded to	Fees	
Zip	Country		Zip	Country	y		8. This corporation owes the current year In		_	_	
24	25	29	3	0			Personal Property Tax.	☐ Yes]No	
	9. Name and Address of Curre	nt Registe	red Agent		_		10. Name and Address of New Registered	Agent			
				81	1	Name					
FELDMAN, SAMUEL A 2110 NORTH EAST 206TH STREET					1	Street Addre	ddress (P.O. Box Number is Not Acceptable)				
NOR	ITH MIAMI BEACH FL 33179			83	3						
					1	City	Fi	85	Zip Co	ode	
office or r agent. I a SIGNATURE	registered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	ations of, S	Section 607.0505, Florid	ia Statutes	s.	signature required	n's board of directors. I hereby accept the appoint the appoint the property of the property o				
12.	OFFICERS A			13.	_	-	ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTOR	S IN 12	
TITLE	D		☐ DELETE	1.1 TITLE	_			Cha	nge	Addition	
NAME	FELDMAN, SAMUEL A			1.2 NAME							
STREET ADDRESS	2110 NORTH EAST 206TH ST	REET		1.3 STREE	ET A	ADDRESS					
CITY-ST-ZIP	NORTH MIAMI BEACH FL 331			1.4 CITY-5	ST-	ZiP					
TITLE	THE		☐ DELETE	2.1 TITLE	_		a communication	Cha	nge	☐ Addition	
NAME				2.2 NAME							
STREET ADDRESS				2.3 STREE	ETA	ADDRESS					
CITY-ST-ZIP				2. 4 CfTY-	ST-	-ZIP					
TITLE			☐ DELETE	3.1 TITLE				Cha	ınge	☐ Addition	
NAME				3.2 NAME		-	e marine and the second of the				
STREET ADDRESS	-			3.3 STREE	ET A	ADDRESS .					
C!TY-ST-ZIP				3.4. CITY-	ST-	-ZIP					
TITLE			☐ DELETE	4.1 TITLE				Cha	inge	☐ Addition	
NAME:	l			4. 2 NAME	Ξ						
STREET ADDRESS	<u> </u>			4.3 STREE	ET A	ADDRESS					
CITY-ST-ZIP				4.4 CITY-5	ST-	ZIP					
TITLE			☐ DELETE	5.1 TTILE		ì		[] Cha	ruđe	☐ Addition	

6.4 CITY-ST-ZIP 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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

☐ Addition

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90202 024 ***150.00