SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #** 

P98000001895

PSYCOLOGICAL ASSOCIATES OF THE PALM BEACHES, INC

## FILED Aug 09, 1999 8:00 am Secretary of State

08-09-1999 90002 006 \*\*\*150.00

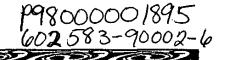


					il 80/8) ((88) (8)(6 /8(8) 6/16 (88)	
Principal Place of Business Mailing Address				1 10011000 to 10101 (0111 00111 00111 00111 00111	i aniai tinat išitā lātat atti 1886	
2603 MAPLEWOOD DRIVE 2603 MAPLEWOOD DRIVE						
WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415			415	DO.NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	SPACE	
		,		01/06/1998		
2 Principal P	lace of Business	2a. Mailing Address	<del></del>	4. FEI Number	Applied For	
21 2/6	2 MOUN May GRa	E 26 3697 Mas 1 /	AL GALLE	6x 108 18129	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.	7/	7 001012	\$8.75 Additional	
22	.,,	27	~~	5. Certificate of Status Desired	Fee Required	
City & Stat	e e	City & State		6. Election Campaign Financing	\$5.00 May Be	
	VINE PON	28 WELLINGT	ין עו	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip 24	Country	8. This corporation owes the current year		
24 374	14 25 Para PEAR	7 29 17714 3	10 Pan Repu	Intangible Personal Property.	Yes No	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent	
COSTANZA, SCOTT				81 Name		
				82 Street Address (P.O. Box Number is Not Acceptable)		
2603 MAPLEWOOD DRIVE						
WEST PALM BEACH FL 33415			83			
			84 City		85 Zip Code	
			[ 04 ] City	FL	.   43   21p Code	
11. Pursuan	to the provisions of sections 607.050	2 and 607.1508, Florida Statutes,	the above-named co	rporation submits this statement for the purpose of ch	nanging 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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE						
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D COSTANIZA SCOTT	DELETE	1.1 TITLE	_	Change   Addition	
NAME	COSTANZA, SCOTT		1.2 NAME	NEUINTON FT 33414		
STREET ADDRESS	2603 MAPLEWOOD DRIVE	<u>.</u>	1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	WEST PALM BEACH FL 3341		1.4 CITY-ST-ZIP	VOEW 10670 1 1 3 479	<u></u>	
	` !	DELETE	1		Change Addition	
NAME	<del>-</del>	<u>*</u>	2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE			2.4 CITY-ST-ZIP 3.1 TITLE	<del></del>		
NAME		DELETE	3.2 NAME		Change Addition	
STREET ADDRESS			3.3 STREET ADDRESS			
	_	•	I i			
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-ST-ZIP		Change Addition	
NAME		☐ DELETE	4.2 NAME		C Change C Addition	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		•				
TITLE	<del></del>	DELETE	5.1 TITLE		Change Addition	
NAME		☐ oece ie	5.2 NAME		Snange [] Augusti	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Ì	
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME		CT Defete	6.2 NAME		Change Addition	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP						
	wife, the state information and incident	AL COLUMN	6.4 CITY-ST-ZIP	section 119.07(3)(i). Florida Statutes, I further certify		

. 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 an antacylment with an address.

**SIGNATURE:** 

561-278-9.181



## Psychological Associates of the Palm Beaches, Inc.

909 East 9th Avenue Suite 206 Delray Beach, Florida 33483

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

July15, 1999

RE: Psychological Associates of the Palm Beaches, Inc. P98000001895

To Whom It May Concern:

With regard to the above this is to advise that we never received the first notice of the annual report filing. Accordingly we are enclosing a check in the amount of \$150.00 covering the required fee. We trust we will not be billed for the penalty amount.

Thank you in advance for you cooperation.

Sincerely

Psychological Associates of the Palm Beaches, Inc.

Scott M. Costanza, President