

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**

1. Corporation Name

PSYCHOLOGICAL ASSOCIATES OF THE PALM BEACHES, INC

Principal Place of Business

**2603 MAPLEWOOD DRIVE
WEST PALM BEACH FL 33415**

Mailing Address

**2603 MAPLEWOOD DRIVE
WEST PALM BEACH FL 33415**

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

08-09-1999 90002 006 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1998

4. FEI Number

68-0818129

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

7. This corporation owes the current year
Intangible Personal Property. ☒ Yes ☐ No

2. Principal Place of Business

21 3692 Moon Bay Circle

Suite, Apt. #, etc.

22

23 WENINGTON FL

24 33414

25 Palm Beach

2a. Mailing Address

26 3692 Moon Bay Circle

Suite, Apt. #, etc.

27

28 WENINGTON FL

29 33414

30 Palm Beach

9. Name and Address of Current Registered Agent

**COSTANZA, SCOTT
2603 MAPLEWOOD DRIVE
WEST PALM BEACH FL 33415**

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. 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COSTANZA, SCOTT	
STREET ADDRESS	2603 MAPLEWOOD DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3692 Moon Bay Circle
1.4 CITY-ST-ZIP	WENINGTON FL 33414
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE:

SIGNATURE: SCOTT M. COSTANZA, Esq

7-20-99

261-278-9181

CR2E034 (5/99)

0077636

P98000001895
602 583-9002-6

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

July 15, 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 your cooperation.

Sincerely,



Psychological Associates of the Palm Beaches, Inc.
Scott M. Costanza, President