FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:59

DOCUMENT # S05175 (2)

1. Corporation Name
PSYCH NET, INC.

Principal Place of Business	Mailing Address
9950 STIRLING ROAD, SUITE 107 COOPER CITY FL 33024	9950 STIRLING ROAD, SUITE 107 COOPER CITY FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 65-0224720 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24 County — 25
Zip — 29 County — 30
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

8. 9. Name and Address of Current Registered Agent

MANN, DOUGLAS S.
9950 STIRLING ROAD
SUITE 107
COOPER CITY FL 33024

10. Name and Address of New Registered Agent

81 Name: JAY S. WOOLFSTEAD
82 Street Address (P.O. Box Number is Not Acceptable): 620 STANTON DRIVE
83
84 City: FT. LAUDERDALE FL 85 Zip Code: 33326

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: J S Woolfstead, M.S. 4-22-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	MANN, DOUGLAS S.	12 NAME		
STREET ADDRESS	314 BERMUDA SPRINGS	13 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	MOORE, JAMES M.	22 NAME		
STREET ADDRESS	8903 S.W. 150 PLACE CIR	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	WOOLFSTEAD, JAY S	32 NAME		
STREET ADDRESS	620 STANTON DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME	REINSTATED BY MAIL	
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: J S Woolfstead, M.S. 4-22-95 (305) 436-8326
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAY S. WOOLFSTEAD

0087151 CP