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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S20149

1. Corporation Name

WARNER J. CONNICK, PSY.D, P.A.

FILED Jan 22, 1999 8:00am **Secretary of State** 01-22-1999 90062 033 ***150.00



Principal Plac	e of Business	Mailing Address	Mailing Address				MINIO INII AINII 81		
96 WILLARD STREET 96 WILLARD STREET									
SUITE 101 (MA		SUITE 101 (MARINER SQ.)							
COCOA FL 32922		COCOA FL 32922			DO NOT WRITE IN THIS SPACE				
US		US			3. Date Incorporated or Qualifed				
					12	2/21/1990			
2. Principal F	Place of Business	2a. Mailing Address			4. FE	I Number		<u> </u>	Applied For
		26		59	9-3046384			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 Co	ertifcate of Status Desired	П		Additional	
22 27		27			3. Ce	stilicate of Status Desired		Fee	Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be					
23 28				Tru	ust Fund Contribution		Adde	d to Fees	
Zip	Country Zip				8. This corporation owes the current year Intangible				
24	25	29 3	0			ersonal Property Tax.		X Yes	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent									
CONNICK, WARNER J. 96 WILLARD STREET SUITE 101			81	Name					
			82	Street Address (P.O. Box Number is Not Acceptable)					
COCOA FL 32922			83						
		,	84	City			<u></u>	85 Zip	Code
FL									
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									
COCagent. La	im familiar with, and accept the obligation	ns of, Section 607.0505, Florid	a Statutes			,			.]
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS				t signature req	uired when reinsta		DATE	DIDEO	5000 111 40
TITLE	DPTS	DIRECTORS	13.		ADL	DITIONS/CHANGES TO O	FFICERS ANI	Change	
	,			-	•			Change	- LI AGGIRGII
NAME	CONNICK, WARNER J.		1.2 NAME	İ					
STREET ADDRESS	96 WILLARD STREET SUITE 101		1.3 STREET						
CITY-ST-ZIP	COCOA FL 32922		1.4 CITY-ST	T-ZIP					
TITLE		☐ DELETE	2.1 TITLE	- 1				☐ Change	e
NAME			2.2 NAME						1
STREET ADDRESS	•		2.3 STREET	ADDRESS					
CITY-ST-ZIP			2.4 CITY-S	T-ZIP					
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NAME			3.2 NAME						-
STREET ADDRESS	respondente de la companya de la co La companya de la co		3.3 STREET	ADDRESS					
CITY-ST-ZIP		·	3.4. CITY- S	Γ-ZIP		<u> </u>	<u> </u>		2.3
TITLE,	,	☐ DELETE	4.1 TITLE					Change	Addition
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STREET ADDRESS	PTREN 分析ではは、	1 · ·	4.3 STREET	ADDRESS					1
CITY-ST-ZIP	16	* * * *	4.4 CITY-ST	-ZIP					
TRÎLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME	J					J
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP	\$\$\frac{1}{2}\$		5.4 CITY-ST	-ZIP					
TITLE	Walter the Comment	DELETE	6.1 TITLE					Change	Addition
NAME	· 解随。何一心性的物效。	-	62 NAME	(
STREET ADDRESS	Contractive with the second		6.3 STREET	ADORESS					
STREET ADDRESS									

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.

SIGNATURE:

CR2E034 (11/98)