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

APPROVED AND FILED

'95 APR 11 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S27371** (1)

1. Corporation Name

HOME PSYCH SERVICES, INC.

Principal Place of Business	Mailing Address
~~2301 STIRLING RD.~~ ~~SUITE 307~~ ~~HOLLYWOOD FL 33310~~ US	~~2301 STIRLING RD.~~ ~~SUITE 307~~ ~~HOLLYWOOD FL 33312~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1991
3a. Date of Last Report: 04/27/1994

21	2. Principal Place of Business: 1041 IVES DAIRY RD.	26 2a. Mailing Address: 1041 IVES DAIRY RD.
22	Suite, Apt. #, etc.: # 139	27 Suite, Apt. #, etc.: #139
23	City & State: MIAMI FLA	28 City & State: MIAMI FLA
24 / 25	Zip: 33179 Country: USA	29 / 30 Zip: 33179 Country: USA

4. FEI Number: 65-0243676 — 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~RIEVMAN, STEVEN~~ ~~2301 STIRLING RD #307~~ ~~#200~~ ~~FT LAUDERDALE FL 33312~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1041 IVES DAIRY RD 83: #139 84 City: MIAMI FL 85 Zip Code: 33179

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] DIRECTOR STEVEN RIEVMAN
Signature of new 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	D	11 TITLE	☒ Change ☐ Addition
NAME	~~BOBKIN, HARRIS~~	12 NAME	DELETE
STREET ADDRESS	~~12201 NW 15TH CT.~~	13 STREET ADDRESS	
CITY-ST-ZIP	~~PEMBROKE PINES FL~~	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	RIEVMAN, STEVEN	22 NAME	D
STREET ADDRESS	~~3029 W MISSION WOOD CR.~~	23 STREET ADDRESS	RIEVMAN, STEVEN
CITY-ST-ZIP	~~MIRAMAR FL~~	24 CITY-ST-ZIP	1041 IVES DAIRY RD #139 MIAMI FL 33179
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		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	
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: [signature] STEVEN RIEVMAN 3/29/95 305 770 9355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0220040 CP