

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S39594

(4)

1. Corporation Name
PSYCHIATRIC CONSULTANTS, P.A.

Principal Place of Business

4130 SALISBURY RD
STE 1000 1600
JACKSONVILLE FL 32216

Mailing Address

4130 SALISBURY RD
STE 1000 1600
JACKSONVILLE FL 32216

FILED
Aug 03 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1991

4. FEI Number

59-3054030

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MATTHEWS, DONALD W.
7952 NORMANDY BLVD
JACKSONVILLE FL 32221

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 PD
NAME OREA, DAVID A. MD
STREET ADDRESS 4130 SALISBURY RD #1000 1600
CITY-ST-ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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: *David Orea* President.

CR2E034 (5/98)

Psychiatric Consultants, P.A.

4130 Salisbury Road Suite 1600 • Jacksonville, FL 32216 • Phone (904) 281-0013

DAVID A. OREA M.D.

Diplomate, American Board Of Psychiatry And Neurology

7/24/98

Reinstatement Section
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee FL 32302-1500

Dear Sirs:

This is to respectfully request to waive the 400.00 late fee.

Due to circumstances beyond my control, I was not able to file the annual report on time.

Since I moved to Suite 1600 from Suite 1200 in the same building, I have had numerous problems with the Post Office, not delivering my mail. In fact several checks have been returned to Insurance Companies or misplaced.

This is a small business, and I can not afford to pay that stiff penalty.

Please take my circumstances into consideration, and accept my 150.00 fee.

Sincerely,

David A. Orea M.D.