PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # CCOEOA

1. Corporation	O R. SNIDER, PSY.D. & ASS	SOCIATES, P.A.				
Principal Place	of Business	Mailing Address		\$ 1 00 11010 110 0101 0110 1101	. 6161 21611 61611 61611 61611 61611 61	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1700 SW 22ND	STREET	1700 SW 22ND STREET				
SUITE 2 SUITE 2				DO NOT WRITE	E IN THIS SPACE	
FORT LAUDERD	ALE FL 33315	FORT LAUDERDALE FL 33315	•	3. Date incorporated or Qualifed		
				07/22/1991		
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	App	lied For
21	age of Desirious	26		65-0277667	Not	Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 A	- 1
22		27		5. Certificate of Status Desired	Fee Rec	uired
City & State		City & State		Election Campaign Financing Trust Fund Contribution	□ \$5.00 M	
Zip	Country 25	Zip 3	Country	This corporation owes the currer Personal Property Tax.		∏No
24	9. Name and Address of Curren		<u>*</u>	10. Name and Address of New Re	egistered Agent	
	J. Hamo dila ricardo di Carron		81 Name			
SNIDER, RICHARD R. 1700 S.W. 22ND STREET		82 Street Ad	dress (P.O. Box Number is Not Acceptab	ole)		
SUITE 2			83			-
FOR	r Lauderdale FL 33315		84 City		85 Zip C	ode
					<u>FL</u>	
office or reagent. I as	to the provisions of Sections 607,050. agistered agent, or both, in the State of the mailiar with, and accept the obligation	of Florida Statutes of Florida. Such change was autitions of, Section 607.0505, Florid	horized by the corpora la Statutes.	proration submits this statement for the patients board of directors. I hereby accept	the appointment as reg	istered
O.C. C. I GILL	Stanature, based or printed name of registered agen	and title if applicable. (NOTE: R	legistered Agent signature requ	uired when reinstating)	DATE	
12.	Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOTE: R D DIRECTORS	legistered Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFF		
	-					RS IN 12
12.	OFFICERS AN	D DIRECTORS	13.		ICERS AND DIRECTOR	
12.	OFFICERS AN	D DIRECTORS	13. 1.1 TITLE		ICERS AND DIRECTOR	
12. TITLE NAME	OFFICERS AND D SNIDER, RICHARD R.	D DIRECTORS	13. 1.1 TITLE 1.2 NAME		ICERS AND DIRECTO	Addition
12. TITLE NAME STREET ADDRESS	OFFICERS AND D SNIDER, RICHARD R. 1700 SW 22ND STREET #2	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ICERS AND DIRECTOR	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D SNIDER, RICHARD R. 1700 SW 22ND STREET #2	D DIRECTORS ☐ DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		ICERS AND DIRECTO	Addition
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90006 009 ***150.00