

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**

95 FEB -7 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V02246** (9)  
1. Corporation Name  
**COMPREHENSIVE PSYCHOLOGICAL AND PSYCHIATRIC SERVICES, P.A.**

Principal Place of Business Mailing Address  
**1050 NW 15TH STREET #209 A BOCA RATON FL 33486** **1050 NW 15TH STREET #209 A BOCA RATON FL 33486**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified <b>12/26/1991</b>	3a. Date of Last Report <b>05/10/1994</b>
4. FEI Number <b>65-0188625</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ZALDIVAR, LUIS R.  
2941 N W 28TH TERR  
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

81 Name **SAME**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **2221 NE 44TH ST**

84 City **LIGHTHOUSE POINT FL** 85 Zip Code **33064**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when certifying) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>ZALDIVAR, LUIS R.</b>
STREET ADDRESS	<b>2941 NW 28TH TERR</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

NAME	<b>SAME</b>
STREET ADDRESS	<b>2221 NE 44TH ST</b>
CITY - ST - ZIP	<b>LIGHTHOUSE POINT, FL 33064</b>

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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. 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, changed, or as an attachment with an addition.

SIGNATURE: \_\_\_\_\_ (607) 392-4415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_