

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

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BOCA RATON FL 33486

21 Principal Place of Business  
1050 NW 15TH ST

2a. Mailing Address  
SAME

22 Suite, Apt. #, etc.  
209

26 Suite, Apt. #, etc.  
SAME

23 City & State  
BOCA RATON FL

27 City & State

24 Zip  
33486

25 County  
PALM BEACH

28 Zip

30 Country

3. Date Incorporated or Qualified  
12/26/1991

3a. Date of Last Report  
02/07/1995

4. FEI Number  
65-0188625

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

ZALDIVAR, LUIS R.  
2221 NE 44TH ST  
LIGHTHOUSE POINT FL 33064

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  DELETE  
NAME ZALDIVAR, LUIS R.  
STREET ADDRESS 2221 NE 44TH ST  
CITY-ST-ZIP LIGHTHOUSE POINT FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS 22521 SW 66TH AVE #412-A  
1.4 CITY-ST-ZIP BOCA RATON FL 33428

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS R. ZALDIVAR PHD

Date

Daytime Phone #

1/26/96 (407) 392-4414  
CC 22521 SW 66th Ave #412-A

CR2E034 (12/95)