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Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # V15760 (4)

1. Corporation Name
C.M.E. PSYCHOLOGY CONSULTANTS, P.A.

Principal Place of Business	Mailing Address
2828 S. SEACREST BLVD., SUITE 214 BOYNTON BEACH FL 33435	2828 S. SEACREST BLVD., SUITE 214 BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2100 Lake Ida Road Suite, Apt. #, etc. 22 Suite 4 City & State 23 Delray Beach FL Zip 24 33445 Country 25 US	2a. Mailing Address 26 2100 Lake Ida Road Suite, Apt. #, etc. 27 Suite 4 City & State 28 Delray Beach FL Zip 29 33445 Country 30 US
3. Date Incorporated or Qualified 02/21/1992	
4. FEI Number 65-0395876	☐ 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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RAPAPORT, KAREN R 2828 S. SEACREST BLVD. SUITE 214 BOYNTON BEACH FL 33435	81 Name: Rapaport, Karen R 82 Street Address (P.O. Box Number is Not Acceptable): 2100 Lake Ida Rd 83 Suite 4 84 City: Delray Beach FL 85 Zip Code: 33445

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 Karen R Rapaport Karen R Rapaport, PT 4/10/98
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	VS	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	POSEY, C. DALE		1.2 NAME	
STREET ADDRESS	2828 S. SEACREST BLVD., #214		1.3 STREET ADDRESS	2100 LAKE IDA RD #4
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	PT	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	RAPAPORT, KAREN R		2.2 NAME	
STREET ADDRESS	2828 S. SEACREST BLVD., #214		2.3 STREET ADDRESS	2100 LAKE IDA RD #4
CITY-ST-ZIP	BOYNTON BEACH FL 33435		2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.

Karen R Rapaport 4/10/98 5/12/1949