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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # V44460 (6)

1. Corporation Name
ROBERTA UDELL, PSY.D., P.A.

Principal Place of Business 2875 NE 191ST ST. SUITE 823 AVENTURA FL 33189	Mailing Address 2875 NE 191ST ST. SUITE 823 AVENTURA FL 33189
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3. Date Incorporated or Qualified 06/17/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0347663	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1031 IVES DAIRY RD.	2a. Mailing Address 26 1031 IVES DAIRY RD.
Suite, Apt. #, etc. 22 BLDG 4 SUITE 234	Suite, Apt. #, etc. 27 BLDG 4 SUITE 234
City & State 23 N. MIAMI BEACH FL.	City & State 28 N. MIAMI BEACH FL.
Zip 24 33179	Country 25 U.S.A.
Zip 29 33179	Country 30 U.S.A.

9. Name and Address of Current Registered Agent

**UDELL, ROBERTA
2875 NE 191 ST STE 823
AVENTURA FL 33180**

10. Name and Address of New Registered Agent

81 Name ROBERTA UDELL
82 Street Address (P.O. Box Number is Not Acceptable) 1031 IVES DAIRY ROAD BLDG 4 SUITE 234
83
84 City N. MIAMI BEACH FL
85 Zip Code 33179

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 607.0509, Florida Statutes.

3/18/95

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining)

12. OFFICERS AND DIRECTORS

TITLE P	NAME UDELL, ROBERTA P
STREET ADDRESS 2875 NE 191 ST 823 EXEC SUITE	
CITY - ST - ZIP AVENTURA FL	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

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	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 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	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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: Roberta Udell DATE: 3/18/95 EXPIRES: 654-1014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR