

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
97 APR 17 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V69521

1. Corporation Name

Gail Decina LCSW, CAP, P.A.

Principal Place of Business

Mailing Address

5989 NW 56 CT
Coral Springs
FL 33067

5989 NW 56 CT
Coral Springs
FL 33067

REINSTATEMENT 96-97

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

1992

3a. Date of Last Report

5/96

4. FEI Number

65-0367365

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

Gail Decina ~~LCSW, CAP, P.A.~~
5989 NW 56 CT
Coral Springs, FL 33067

81 Name

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

83

84 City

FL

85 Zip Code

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

Gail Decina

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Clinical Social Worker
NAME Gail Decina, LCSW, CAP, P.A.
STREET ADDRESS 5989 NW 56 CT
CITY-STATE-ZIP Coral Springs FL 33067

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do 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.

SIGNATURE:

Gail Decina GAIL DECINA LCSW CAPPA 3-23-97 (954) 753-7482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)