

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90045 018 \*\*\*\*61.25

DOCUMENT # 708697

1. Entity Name

SOUTH FLORIDA PSYCHIATRIC SOCIETY, INC.

Principal Place of Business

1550 MADRUGA AVE  
#326  
CORAL GABLES FL 33146  
US

Mailing Address

POST OFFICE BOX 331266  
MIAMI FL 33233-1266

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6200176

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHELOW, DORIS J.  
1550 MADRUGA AVE  
#326  
CORAL GABLES FL 33146

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Margo S. Adams*

*April 26, 2001*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*MARGO S. ADAMS 54 E. PARK AVENUE TALLAHASSEE, FL 32301*

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, RIGOBERTO MD	
STREET ADDRESS	7400 N KENDALL DR 310	
CITY-ST-ZIP	MIAMI FL 33-1156	
TITLE	CD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, RIGOBERTO MD	
STREET ADDRESS	7400 N KENDALL DR #205	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUKI, VIRGINIA MD	
STREET ADDRESS	1320 S. DIXIE HWY #1301	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROTHE, EUGENIO M MD	
STREET ADDRESS	275 GLENRIDGE RD	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEUSCHKE, SUE ANN MD.	
STREET ADDRESS	15335 SW 288TH ST	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD <del>REDACTED</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS FELTMAN	
STREET ADDRESS	2801 PONCE DE LEON BLVD, SUITE 350	
CITY-ST-ZIP	CORAL GABLES FLORIDA 33134	

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Margo S. Adams*

*April 26, 2001 (850) 222-8404*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)