

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H77106

1. Entity Name

BOCA RATON PSYCHIATRIC GROUP, P.A.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90312 013 \*\*\*150.00

Principal Place of Business

Mailing Address

PETER J. HOLLAND  
 7284 W PALMETTO PARK ROAD #203N  
 BOCA RATON FL 33433-3401

% PETER J. HOLLAND  
 7280 W PALMETTO PARK ROAD #203N  
 BOCA RATON FL 33433-3406



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7284 W Palmetto PK Rd

7284 W. Palmetto Pk Rd

Suite, Apt. #, etc.  
 # 2015

Suite, Apt. #, etc.  
 #2015

City & State  
 Boca Raton FL

City & State  
 Boca Raton FL

Zip  
 33433

Country  
 USA

4. FEI Number 59-2616959

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

HOLLAND, PETER J.  
 7280 W PALMETTO PK ROAD #203N  
 BOCA RATON FL 33433-0401

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 7284 W Palmetto PK Rd  
 Suite 2015  
 City Boca Raton FL Zip Code 33433

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOLLAND, PETER J.	
STREET ADDRESS	7280 W PALMETTO PK RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOLLAND, DONNA S	
STREET ADDRESS	7280 W PALMETTO PK RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	SAMUEL, ROGER Z.	
STREET ADDRESS	7280 W. PALMETO PK RD	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FELDMAN, BRIAN J	
STREET ADDRESS	7280 W. PALMETTO PK RD	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7284 W Palmetto Pk Rd STE 2015
CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7284 W Palmetto PK Rd STE 2015
CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7284 W Palmetto PK Rd STE 2015
CITY-ST-ZIP	Boca Raton, FL 33433
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	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Peter J. Holland, President*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00  
 Date

561-368-8998  
 Daytime Phone

CR2E034 (9/99)