

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 7284 W Palmetto PK Rd Suite, Apt. #, etc. # 2015 City & State Boca Raton FL Zip 33433 | Country USA | 3. Mailing Address 7284 W. Palmetto Pk Rd Suite, Apt. #, etc. #2015 City & State Boca Raton FL Zip 33433 | Country USA |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------|----------------|

| | |
|-----------------------------|--------------------------------------------------------|
| 4. FEI Number 59-2616959 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--------------------------------------------------------|

| | |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (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

| | | |
|----------------|------------------------|---------------------------------|
| 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 | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------|------------------------------------------------------------------------------|
| 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 | | |

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 1/4/00 561-368-8998
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/99)