FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 03, 2001 8:00 am Secretary of State **DOCUMENT # H77106** BOCA RATON PSYCHIATRIC GROUP, P.A. 02-03-2001 90066 037 \*\*\*150.00 Principal Place of Business Mailing Address 7284 W PALMETTO PK RD 7284 W PALMETTO PK RD #201 S 712014 **BOCA RATON FL 33433-3401 BOCA RATON FL 33433-3401** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2616959 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLLAND, PETER J. Street Address (P.O. Box Number is Not Acceptable) 7284 W PALMETTO PK RD SUITE 201 S **BOCA RATON FL 33433-0401** City 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12, TITLE ☐ Delete TITLE Change ☐ Addition NAME HOLLAND, PETER J. STREET ADDRESS 7284 W PALMETTO PK RD STE 2015 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33433** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HOLLAND, DONNA S NAME STREET ADDRESS 7284 W PALMETTO PK RD STE 2015 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP TITLE ---TR ☐ Delete TITLE Change ☐ Addition NAME SAMUEL, ROGER Z. NAME STREET ADDRESS STREET ADDRESS 7284 W PALMETTO PK RD STE 2015 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** SD ☐ Delete TITLE ☐ Change ☐ Addition NAME FELDMAN, BRIAN J NAME STREET ADDRESS STREET ADDRESS 7284 W PALMETTO PK RD STE 2015 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33433 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 analysis with all other like empowered.