2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State
03-05-2003 90073 033 ***150.00

DOCUMENT # J36289

1. Entity Name
~~FLORIDA MED. P.A.~~
Psych Associates, Inc

Principal Place of Business	Mailing Address
100 NW 170 STREET	100 NW 170 STREET
407	407
NORTH MIAMI BEACH FL 33169	NORTH MIAMI BEACH FL 33169
US	US

[redacted]

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2725118 — 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
ESPINOSA, JUAN B., M.D.	Name
100 NW 170 STREET	Street Address (P.O. Box Number is Not Acceptable)
407	
NORTH MIAMI BEACH FL 33169	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. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ESPINOSA, JUAN B	NAME	
STREET ADDRESS	100 NW 170 STREET, SUITE 407	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Peysar Worthalter MD	NAME	
STREET ADDRESS	100 NW 170 St #407	STREET ADDRESS	
CITY-ST-ZIP	N. Miami Bch, FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 607, 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: X Juan B 2/7/03 3056533700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #