

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000039481

FILED  
Apr 25, 2003  
Secretary of State

Entity Name: WEST PSYCHIATRIC ASSOCIATES, P.A.

**Current Principal Place of Business:**

10011 PINES BLVD., SUITE 203-D  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

10011 PINES BLVD., SUITE 203-D  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

FEI Number: 65-1001480

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAEZ, SAYONARA MD  
13282 NW 18 STREET  
PEMBROKE PINES, FL 33028 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: MD ( ) Delete  
Name: SAYONARA, BAEZ  
Address: 13282 NW 18ST  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAYONARA BAEZ

MD

04/25/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date