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FILED
Jun 19, 2001 8:00 am
Secretary of State
05-10-2001 90102 005 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116930

1. Entity Name
ACADIA NEURO-BEHAVIORAL ASSOCIATES, P.A.

LA

49104

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~19500 NW 57TH AVE., STE. A~~ ~~MIAMI FL 33055~~ 777 17th STREET #301 MIAMI BEACH FL 33139	~~19500 NW 57TH AVE., STE. A~~ ~~MIAMI FL 33055~~ 777 17th STREET #301 MIAMI BEACH FL 33139
2. Principal Place of Business: 777 17th STREET	3. Mailing Address: 777 17th STREET
Suite, Apt. #, etc.: 301	Suite, Apt. #, etc.: 301
City & State: MIAMI BEACH FL	City & State: MIAMI BEACH FL
Zip: 33139 Country: USA	Zip: 33139 Country: USA

4. FEI Number: 65-1045636 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~WORLD CORPORATE SERVICES, INC.~~
~~2665 S. BAYSHORE DR., STE. 703~~
~~MIAMI FL 33133~~
Acadia Neuro-Behavioral Associates P.A.

7. Name and Address of New Registered Agent

Name: RICHARD DOUYON M.D. ~~Acadia Neuro Behavioral Associates P.A.~~
Street Address (P.O. Box Number is Not Acceptable): 777 17th STREET SUITE 301
SUITE 301
City: MIAMI BEACH FL Zip Code: FL

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] RICHARD DOUYON MD 06/12/2001
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SERGE VILVAR M.D. PRESIDENT 777 17th STREET Suite 301 MIAMI BEACH FL 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. PRESIDENT RICHARD DOUYON, M.D 777 17th STREET SUITE 301 MIAMI BEACH FL 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (10/00)

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: [signature] RICHARD DOUYON, M.D. VP APRIL 4, 2001 (305) 532-7724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #