

PI000000883706

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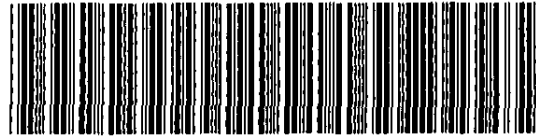
(Business Entity Name)

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<b>Detail by Entity Name</b>					
<b>Florida Profit Corporation</b>					
PROFESSIONAL PSYCHIATRIC ASSOCIATES INC					
<b>Filing Information</b>					
Document Number P1000008837					
FEVEIN Number <del>NONE</del> 80-0654723					
Date Filed 10/27/2010					
State FL					
Status ACTIVE					
Effective Date 10/25/2010					
<b>Principal Address</b>					
2545 PARTRIDGE DRIVE WINTER HAVEN FL 33884					
<b>Mailing Address</b>					
2545 PARTRIDGE DRIVE WINTER HAVEN FL 33884					
<b>Registered Agent Name &amp; Address</b>					
RASUL, IFTIKHAR 2545 PARTRIDGE DRIVE WINTER HAVEN FL 33884 US					
<b>Officer/Director Detail</b>					
<b>Name &amp; Address</b>					
Title P					
RASUL, IFTIKHAR 2545 PARTRIDGE DRIVE WINTER HAVEN FL 33884					
<b>Annual Reports</b>					
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*Please  
update*

**PAYCHEX****Employer Identification Number Verification Form****Note:** Form must be accompanied by a completed 8821.

The IRS Practitioner Priority Service hotline (866-860-4259) can be used to confirm a taxpayer's EIN verbally. Make every attempt to procure alternate sources of federal documentation. This includes having the client contact the IRS directly in order to receive a federal document.

For extreme cases where it is not possible to obtain any form of documentation, Taxpay<sup>®</sup> will accept new loads without federal documentation, as long as there is a documented conversation with the IRS. The documented conversation should include the name and badge ID number of the IRS representative that verified the client's EIN number, name, and address.

All fields are required.

Client's Employer Identification Number 80-0654723  
Client's Legal Name Professional Psychiatric Associates Inc  
DBA \_\_\_\_\_  
Client's Legal Address 2545 Partridge Drive  
Winter Haven, FL 33884  
IRS EE Name Maronica Howell  
IRS EE Badge ID# 1000144146  
Chandra Younggreen  
Sales Representative or Designee Name (Printed)

Sales Representative or Designee Signature

Verification Date 11/9/10Verification Time 12:48 AM/PM PMType of Filer: 941 / 943 / 944Seasonal Employer: Y or N

Form **8821**

(Rev. August 2008)

Department of the Treasury  
Internal Revenue Service**Tax Information Authorization**

- Do not sign this form unless all applicable lines have been completed.  
Do not use this form to request a copy or transcript of your tax return.

Instead, use Form 4506 or Form 4506-T

FOR IRS Use Only

Received By:

Name

Telephone ( )

Function

Date

**1 Taxpayer Information.** Taxpayer(s) must sign and date this form on line 7.

Taxpayer name(s) and address (type or print) <b>Professional Psychiatric Associates Inc</b> 2545 Partridge Drive  FL, FL 33884	Social security number(s)	Employer Identification Number
		<b>80-0654723</b>
	Daytime telephone number	Plan number (if applicable)

**2 Appointee.** If you wish to name more than one appointee, attach a list to this form.

Name and address <b>Paychex, Inc. 161124166</b> <b>911 Panorama Trail South</b> <b>Rochester, NY 14625</b>	CAF No..... Telephone No..... Fax No..... Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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**3 Tax matters.** The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 4. If you check this box, skip lines 5 and 6.  
For name, address & EIN verification and/or research of entity ☒**5 Disclosure of tax information** (you must check a box on line 5a or 5b unless the box on line 4 is checked):a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ☐b If you do not want any copies of notices or communications sent to your appointee, check this box ☒**6 Retention/revocation of tax information authorizations.** This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you must attach a copy of any authorizations you want to remain in effect and check this box ☐

To revoke this tax information authorization, see the instructions on page 4.

**7 Signature of taxpayer(s).** If a tax matter applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.

\* IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

\* DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

IFTIKHAR RASUL 11/08/10      \_\_\_\_\_  
 Signature Date Signature Date

IFTIKHAR RASUL      \_\_\_\_\_  
 Print Name Title (if applicable) Print Name Title (if applicable)

☐ ☐ ☐ ☐ PIN number for electronic signature      ☐ ☐ ☐ ☐ PIN number for electronic signature

**Rivera, Maribel**

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**From:** Younggreen, Chandra [cyounggreen@paychex.com]  
**Sent:** Tuesday, December 21, 2010 1:37 PM  
**To:** CorpAddressChange  
**Subject:** EIN update for Sunbiz.org  
**Attachments:** Prof Psy Assoc.pdf

Good afternoon,

A current client of ours asked me to forward this IRS information to you.

Apparently the EIN# has never been updated on Sunbiz, so could you please use the supporting information to enter in their: FEI/EIN Number?

They just submitted their DR-1 online application today, and they did not want the missing FEI/EIN Number, to hold up getting a SUI Acct#.

If you have any questions, please feel free to call me or the client.

Client Contact: Iftikhar Rasul Tel# (706) 910-5744

Thank you for your time.

Chandra Capobianco  
Sales Representative  
Paychex, Inc.

Email: [cyounggreen@paychex.com](mailto:cyounggreen@paychex.com)  
Office: 1.800.532.4980 x22563  
Cell: 407-416-9953  
Fax: 877-217-5485

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