

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90436 037 ***150.00

DOCUMENT # **P960000022149**
1. Entity Name

Psych Options Affiliates, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **1380 Miami Gardens Dr.** 3. Mailing Address **1380 Miami Gardens Dr.**

Suite, Apt. #, etc. **Suite 165**

Suite, Apt. #, etc. **Suite 165**

City & State **Miami, FL.**

City & State **Miami, FL.**

Zip **33179**

Country **USA**

Zip **33179**

Country **USA**

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4. FEI Number **65-0650648**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Amy Kleinman**

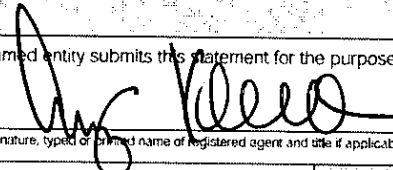
Street Address (P.O. Box Number is Not Acceptable)
1380 Miami Gardens Drive
Suite 165

City **Miami**

FL

Zip Code **33179**

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 date if applicable.

Amy Kleinman Vice Pres. 43082
(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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME **Plougach, Beryl**
STREET ADDRESS **1380 Miami Gardens Dr. Sk 165**
CITY-ST-ZIP **Miami, FL. 33179**

TITLE
NAME **Kleinman Amy**
STREET ADDRESS **1380 Miami Gardens Dr. Sk 165**
CITY-ST-ZIP **Miami, FL. 33179**

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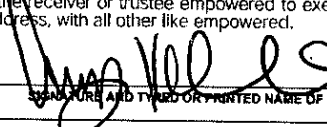
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

 **Amy Kleinman V.P. 43082**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)