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 # P96000022149

1. Entity Name
Psych Options Affiliates, Inc.

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0650648 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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: _____ Amy Kleinman Vice Pres. 4-30-02
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) ☐

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	D
NAME	Plougachi, Beryl
STREET ADDRESS	1380 Miami Gardens Drive Sk 165
CITY-ST-ZIP	Miami, FL. 33179
TITLE	D
NAME	Kleinman Amy
STREET ADDRESS	1380 Miami Gardens Dr. Sk 165
CITY-ST-ZIP	Miami, FL. 33179
TITLE	
NAME	
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CR2E034B (12/01)

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. 4-30-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #