2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90061 039 ***150.00

DOCUMENT # P99000031368

1. Entity Name GENOVA & ASSOCIATES INC D/B/A PSYCHIATRIC ASSOCIATES

Principal Place of Business	Mailing Address
1543 KINGSLEY AV #14 ORANGE PARK FL 32073	1543 KINGSLEY AV #14 ORANGE PARK FL 32073

L00493116

2. Principal Place of Business	3. Mailing Address
1543 KINGSLEY AV	1543 KINGSLEY AV
Suite, Apt. #, etc. # 14	Suite, Apt. #, etc. # 14
City & State ORANGE PARK FL	City & State ORANGE PARK FL
Zip 32073 Country USA	Zip 32073 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3569719 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NULAND, CHRISTOPHER L 1000 RIVERSIDE AVE. #200 JACKSONVILLE FL 32204	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 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	PRESIDENT - DIRECTOR FRANK J. GENOVA MD 11643 CHARIOT LANE JACKSONVILLE FL 32223	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT JAMES L LARSON MD 3195 RIVER RD GREEN COVE SPR FL 32043	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT - DIRECTOR JAMES L LARSON MD 3195 RIVER RD GREEN COVE SPR FL 32043	☒ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 (11/00)

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: James L. Larson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01 Date
904-269-3356 Daytime Phone #

JAMES. L. LARSON - PRESIDENT