FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
04-28-2002 90576 016 ***150.00

DOCUMENT # S86703

1. Entity Name
ACADIA MEDICAL CENTER, P.A.

DO NOT WRITE IN THIS SPACE

89326

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
19503 NW 57th AVE			
Suite, Apt. #, etc. A		Suite, Apt. #, etc.	
City & State MIAMI, FL 33055		City & State	
Zip 33055	Country	Zip	Country

4. FEI Number 65-0303581 ☐ 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 BIEN-AIME, TONY
Street Address (P.O. Box Number is Not Acceptable)
19503 NW 57th AVE
City MIAMI **FL** Zip Code 33055

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) ☐

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	P	TITLE	
NAME	BIEN-AIME, TONY	NAME	
STREET ADDRESS	19503 NW 57 AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33055	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	DARTIGUE, ELIZABETH	NAME	
STREET ADDRESS	19503 NW 57 AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33055	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] 4/17/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #