

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90178 016 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 404083

1. Entity Name
INSTITUTE OF EVALUATION, DIAGNOSIS AND TREATMENT
, INC.



Principal Place of Business
1311 ALHAMBRA CIR
CORAL GABLES FL 33134
US

Mailing Address
1311 ALHAMBRA CIR
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1445889

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUMPHRIES, DR. JOAN
1311 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$200.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
VP	HUMPHRIES, DR. CHARLES C	1311 ALHAMBRA CIRCLE	CORAL GABLES FL	☐					☐	☐
SD	HUMPHRIES, HERREID O	1311 ALHAMBRA CIRCLE	CORAL GABLES FL	☐					☐	☐
TD	POLLOCK, PEGGY	1311 ALHAMBRA CIRCLE	CORAL GABLES FL	☐					☐	☐
PD	HUMPHRIES, DR. JOAN R.	1311 ALHAMBRA CIRCLE	CORAL GABLES FL	☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Dr. Joan R. Humphries

4/20/03

3054438433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/02)