

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 581258

1. Entity Name

FLORIDA PSYCHIATRIC ASSOCIATES, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90059 001 ***600.00

Principal Place of Business

Mailing Address

1276 MINNESOTA AVENUE
WINTER PARK FL 32789-1864

1500 WATERS RIDGE DR
LEWISVILLE TX 75057-6011
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1840843

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T COP SYS
1200 S PINE ISLAND RD
PLANTATION FL 33324

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, 2000 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 ☐ Delete
NAME P
STREET ADDRESS LAITNER, LINDA
CITY-ST-ZIP 1500 WATERS RIDGE DR
LEWISVILLE TX 75057

TITLE ☐ Change ☒ Addition
NAME SR. VP/CFO/TREASURER
STREET ADDRESS RONALD C. DRABIK
CITY-ST-ZIP 1500 WATERS RIDGE DRIVE
LEWISVILLE, TX 75057

TITLE ☐ Delete
NAME EVP
STREET ADDRESS MCATEE, JAMES W
CITY-ST-ZIP 1500 WATERS RIDGE DR
LEWISVILLE TX 75057

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS MCATEE, JAMES W
CITY-ST-ZIP 1500 WATERS RIDGE DR
LEWISVILLE FL 75057

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME T
STREET ADDRESS MCATEE, JAMES W
CITY-ST-ZIP 1500 WATERS RIDGE DR
LEWISVILLE TX 75057

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS MCATEE, JAMES W
CITY-ST-ZIP 1500 WATERS RIDGE DR
LEWISVILLE TX 75057

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Ronald C. Drabik

RONALD C. DRABIK

05/19/00

Date

(972)420-8200

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 19/99