

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90091 046 ***150.00

DOCUMENT # 581258

1. Entity Name

FLORIDA PSYCHIATRIC ASSOCIATES, INC.

Principal Place of Business

**1276 MINNESOTA AVENUE
WINTER PARK FL 32789-1864**

Mailing Address

**1500 WATERS RIDGE DR
LEWISVILLE TX 75057
US****00005455**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ST. PAUL'S EXECUTIVE CENTER

3. Mailing Address

Suite, Apt. #, etc.

1398 SEMORAN BOULEVARD

Suite, Apt. #, etc.

City & State

**SUITE 230
CASSELBERRY, FL**

City & State

4. FEI Number **59-1840843**

Applied For

Not Applicable

Zip
32707Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete
NAME **LAITNER, LINDA**
STREET ADDRESS **1500 WATERS RIDGE DR**
CITY-ST-ZIP **LEWISVILLE TX 75057**TITLE **EVP** ☐ Delete
NAME **MCATEE, JAMES W**
STREET ADDRESS **1500 WATERS RIDGE DR**
CITY-ST-ZIP **LEWISVILLE TX 75057**TITLE **S** ☐ Delete
NAME **MCATEE, JAMES W**
STREET ADDRESS **1500 WATERS RIDGE DR**
CITY-ST-ZIP **LEWISVILLE FL 75057**TITLE **T** ☒ Delete
NAME **MCATEE, JAMES W**
STREET ADDRESS **1500 WATERS RIDGE DR**
CITY-ST-ZIP **LEWISVILLE TX 75057**TITLE **D** ☐ Delete
NAME **MCATEE, JAMES W**
STREET ADDRESS **1500 WATERS RIDGE DR**
CITY-ST-ZIP **LEWISVILLE TX 75057**TITLE **VPCT** ☐ Delete
NAME **DRABIK, RONALD C**
STREET ADDRESS **1500 WATERS RIDGE DR.**
CITY-ST-ZIP **LEWISVILLE TX 75057**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME **SECRETARY**
STREET ADDRESS **RONALD C. DRABIK**
CITY-ST-ZIP **1500 WATERS RIDGE DRIVE
LEWISVILLE, TX 75057-6011**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 SR. VP****972-420-8200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)