

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91746 045 ***150.00

DOCUMENT # 581258 ✓

1. Entity Name

FLORIDA-PSYCHIATRIC ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1500 WATERS RIDGE DRIVE

Suite, Apt. #, etc.

3 Mailing Address

1500 WATERS RIDGE DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LEWISVILLE, TX

City & State

LEWISVILLE, TX

4. FEI Number

59-1840843

Applied For

Not Applicable

Zip
75057-6011

Country
USA

Zip
70057-6011

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 S. PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code
33324

**DO NOT WRITE
IN THIS SPACE**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
LINDA LAITNER
1500 WATERS RIDGE DRIVE
LEWISVILLE, TX 75057-6011

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
RONALD C. DRABIK
1500 WATERS RIDGE DRIVE
LEWISVILLE, TX 75057-6011

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
JAMES W. MCATEE
1500 WATERS RIDGE DRIVE
LEWISVILLE, TX 75057-6011

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Ronald C. Drabik

RONALD C. DRABIK

05/08/02

Date

972-420-8200

Daytime Phone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)