2000 UNIFORM BUSINESS REPORT (UBR)

5/8

FILED
May 31, 2000 8:00 am
Secretary of State
05-08-2000 90199 006 ****61.25

DOCUMENT # 704949

1. Entity Name

FLORIDA PSYCHIATRIC SOCIETY, A DISTRICT BRANCH O

Principal Place of Business	Mailing Address
521 E. PARK AVENUE TALLAHASSEE FL 32301-9524	521 E. PARK AVENUE TALLAHASSEE FL 32301-2524

DO NOT WRITE IN THIS SPACE

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 59-1735183 ☐ Applied For ☐ Not Applicable

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
MARGO S, ADAMS 521 E. PARK AVENUE TALLAHASSEE FL 32301	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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ ~~$5.00~~ May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ MYERS, C WADE 2239 NW 2ND AVENUE GAINESVILLE FL 32603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE/D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ SARKIS, ELIAS H 529 NW 60TH STREET SUITE B ~~ARCADIA~~ FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D GAINESVILLE, FL 32607	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EDGAR, JAMES R 508 S HABANA AVENUE SUITE #310 TAMPA FL 33609	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCCARTY, KATHLEEN 5108 N HAVANA AVENUE SUITE #2 TAMPA FL 33614	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PASEM S. REDDY 2801 S.W. COLLEGE RD, #4 OCALA, FL 34474	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PED~~ MERRITT, T. CAREY 4500 SAN DABLO RD. JACKSONVILLE FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD 4500 SAN PABLO ROAD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☑ Addition

CR2E037 (9/99)

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 617, 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: Margo S. Adams MARGO S. ADAMS 4/26/00 (850) 222-8404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #