2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90185 027 ****70.00

DOCUMENT # 707228

1. Entity Name
THE CHILDREN'S PSYCHIATRIC CENTER, INC.

90010073

Principal Place of Business	Mailing Address
15490 N.W. 7TH AVENUE. SUITE 200 MIAMI FL 33169	15490 N.W. 7TH AVENUE. SUITE 200 MIAMI FL 33169

☐ CHECK HERE IF MAKING CHANGES

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 59-0866060 ☐ 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
LOVELL, TERRY M 150 WEST FLAGLER STREET, SUITE 2200 MIAMI FL 33130	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 $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HARRIS, GLENDA G 270 NW 120TH STREET N. MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Irving, J. Bruce, Esquire 601 Brickell Key Drive Suite 801 Miami, Florida 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LOVELL, TERRY M 150 WEST FLAGLER STREET, SUITE 2200 MIAMI FL 33130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Brawer, Michael 9130 S. Dadeland Blvd. Suite 1400 Miami, Florida 33156	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILD, ESTELLE 8525 S.W. 20TH TERR. MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Carrera, Julio T. DR. 265 E. 5th Street Miami, Florida 33010	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRUMKES, MELVIN ESQ 100 N. BISCAYNE BLVD STE 1607 MIAMI FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Fins, Antonio 12620 N.W. 23rd Street Pembroke Pines, Florida 33028	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONNOLLY, MICHAEL P 11300 N.E. 2ND AVENUE MIAMI FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lindahl, Kristin 555 N.E. 34th Street #1502 Miami, Florida 33137	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MAKAR, STEPHEN J 9130 S DADELAND #1400 MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Milowe, Irvin D. (M.D.) 4675 S.W. 74th Street Miami, Florida 33143-6271	☐ Change ☒ Addition

CR2E037 (10/02)

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: Stephen J. Makar January 22, 2003 305 688-3541
SIGNATURE AND TITLE OF PERSON SIGNING AS OFFICER OR DIRECTOR