

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90022 041 ****61.25

DOCUMENT # 708697

1. Entity Name
SOUTH FLORIDA PSYCHIATRIC SOCIETY, INC.

Principal Place of Business 1550 MADRUGA AVE #326 CORAL GABLES FL 33146 US	Mailing Address POST OFFICE BOX 331266 MIAMI FL 33233-1266
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-6200176		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SHELLOW, DORIS J. 1550 MADRUGA AVE #326 CORAL GABLES FL 33146				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TOBOLOWSKY, DAVID MD 7400 N KENDALL DR 310 MIAMI FL 33-1156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Rodriguez, Rigoberto M.D. 7400 N. Kendall Drive #205 Miami, FL. 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED RODRIGUEZ, RIGOBERTO MD 7400 N KENDALL DR #205 MIAMI FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED Castellanos, Daniel, M.D. Dept. of Psychiatry D 29 PO Box 016960, Miami, FL. 33101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FELTMAN, DOUGLAS 627 CAMILO AVE CORAL GABLES FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Buki, Virginia, M.D. 1320 South Dixie Highway #1301 Coral Gables, FL. 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROTHER, EUGENIO M MD 275 GLENRIDGE RD KEY BISCAYNE FL 33149	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASTELLANOS, DANIEL MD 1150 N.W. 14TH STREET., 3501 MIAMI FL 33136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Leuschke, Sue Ann, M.D. 15335 S.W. 288th Street Homestead, FL. 33033	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sue Ann Leuschke* **3/15/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #