

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90045 018 ****61.25

DOCUMENT # 708697

1. Entity Name

SOUTH FLORIDA PSYCHIATRIC SOCIETY, INC.

Principal Place of Business

Mailing Address

**1550 MADRUGA AVE
 #326
 CORAL GABLES FL 33146
 US**

**POST OFFICE BOX 331266
 MIAMI FL 33233-1266**

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

59-6200176

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

**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

Margo S. Adams

April 26, 2001

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

MARGO S. ADAMS 54 E. PARK AVENUE TALLAHASSEE, FL 32301

**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 Delete
 NAME **CD**
RODRIGUEZ, RIGOBERTO MD
 STREET ADDRESS **7400 N KENDALL DR 310**
 CITY-ST-ZIP **MIAMI FL 33-1156**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **CD**
RODRIGUEZ, RIGOBERTO MD
 STREET ADDRESS **7400 N KENDALL DR #205**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
BUKI, VIRGINIA MD
 STREET ADDRESS **1320 S. DIXIE HWY #1301**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
ROTHE, EUGENIO M MD
 STREET ADDRESS **275 GLENRIDGE RD**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
LEUSCHKE, SUE ANN MD.
 STREET ADDRESS **15335 SW 288TH ST**
 CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **PD ~~REMOVED~~**
DOUGLAS FELTMAN
 STREET ADDRESS **2801 PONCE DE LEON BLVD, SUITE 350**
 CITY-ST-ZIP **CORAL GABLES FLORIDA 33134**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2001 (850) 222-8404
 Date Daytime Phone #

CR2E037 (10/00)