

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F71143

FILED  
Apr 30, 2003  
Secretary of State

**Entity Name:** FLORIDA PSYCHIATRIC CONSULTANTS, P.A.

## Current Principal Place of Business:

521 W STATE RD 434  
SUITE 100  
LONGWOOD, FL 32750 US

## New Principal Place of Business:

## Current Mailing Address:

SOUTH SEMINOLE MEDICAL PLAZA  
521 W. STATE RD 434, SUITE 100  
LONGWOOD, FL 32750 US

## New Mailing Address:

FEI Number: 59-2210288

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOLD, JAY C  
521 W STATE RD 434  
STE 100  
LONGWOOD, FL 32750 US

## Name and Address of New Registered Agent:

GOLD, JAY C  
521 W STATE RD 434  
STE 100  
LONGWOOD, FL 32750 US

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: JAY C. GOLD

04/30/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GOLD, JAY  
Address: 521 W STATE RD 434 STE 100  
City-St-Zip: LONGWOOD, FL

Title: DTS ( ) Delete  
Name: BERNS, ALAN  
Address: 521 W. STATE RD. 434 STE 100  
City-St-Zip: LONGWOOD, FL 32750

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GOLD, JAY C  
Address: 521 W STATE RD 434 STE 100  
City-St-Zip: LONGWOOD, FL 32750

Title: DTS (X) Change ( ) Addition  
Name: BERNS, ALAN S  
Address: 521 W. STATE RD. 434 STE 100  
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY C. GOLD, MD

PD

04/30/2003

Electronic Signature of Signing Officer or Director

Date