

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State
 03-06-2000 90029 049 ***150.00

DOCUMENT # J15298

1. Entity Name

DADE PSYCHIATRIC ASSOCIATES, P.A.

C0032002



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business 7600 SW 57TH AVENUE STE 225 FL 33143 | Mailing Address C/O LAWRENCE M. PLOUCHA ESQ. 1946 TYLER STREET HOLLYWOOD FL 33020-4517 US |
|---|---|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 59-2745281 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| PLOUCHA, LAWRENCE M. ES ATKINSON, DINER, STONE, BLACK, MANKUTA P.A 1946 TYLER STREET HOLLYWOOD FL 33022 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | 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)

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

| | | |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|------------------------|---|-----------------------|
| TITLE | STD | TITLE | PD |
| NAME | PATINO, EDGAR | NAME | Patino, Edgar |
| STREET ADDRESS | 7600 SW 57TH AVE #225 | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33143 | CITY-ST-ZIP | |
| TITLE | PD | TITLE | STD |
| NAME | LIEVANO, JORGE ENRIQUE | NAME | Jorge Enrique Lievano |
| STREET ADDRESS | 7600 SW 57TH AVE #225 | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33143 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another title empowered.

SIGNATURE: **EDGAR PATINO, M.S.**

Date _____ Daytime Phone # **(305) 643-6366**

CR2E034 (9/99)