

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90215 027 ***550.00

DOCUMENT # J36289

1. Entity Name

PSYCH ASSOCIATES, INC.

Principal Place of Business

100 NW 170 STREET
 407
 NORTH MIAMI BEACH FL 33169
 US

Mailing Address

100 NW 170 STREET
 407
 NORTH MIAMI BEACH FL 33169
 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

59-2725118

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

ESPINOSA, JUAN B.
 100 NW 170 STREET
 407
 NORTH MIAMI BEACH FL 33169

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME BENOVI, LARRY P MD
 STREET ADDRESS 1550 N.E. MIAMI GARDENS DR. 403
 CITY-ST-ZIP N MIAMI BCH FL 33179 ☒ Delete

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD
 NAME ESPINOSA, JUAN
 STREET ADDRESS 100 NW 170 STREET
 CITY-ST-ZIP NORTH MIAMI BEACH FL ☐ Delete

TITLE PD
 NAME ESPINOSA, JUAN
 STREET ADDRESS 100 NW 170 ST #407
 CITY-ST-ZIP NORTH MIAMI BEACH, FL ☒ Change ☐ Addition

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD
 NAME WORTHALTER, PAUL
 STREET ADDRESS 100 NW 170 ST #407
 CITY-ST-ZIP NORTH MIAMI BEACH, FL ☐ Change ☒ Addition

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 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 all other like empowered.

SIGNATURE

CR2E034 (5/00)