

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J36289**

1. Entity Name
PSYCH ASSOCIATES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 PM 12:44

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

4. FEI Number **59-2725118**

Applied For
Not Applicable

Zip Country

Zip Country

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 12, 2001 Fee 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

TITLE **STD** ☐ Delete
NAME **WORTHALTER, PAYSAF**
STREET ADDRESS **100 NW 170 ST #407**
CITY-ST-ZIP **N MIAMI BCH FL**

TITLE **STD** ☐ Delete
NAME **ESPINOSA, JUAN**
STREET ADDRESS **100 NW 170 ST #407**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

100004668951-1-10
-11/06/01--01052--018
******550.00 ****550.00**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Juan B. Espinosa, M.D., P.A.
Diplomate, American Board of Psychiatry and Neurology
Psychiatry

Northpark Professional Building
100 N.W. 170 St., Suite 407
North Miami Beach, FL 33169

Telephone:
(305) 653-3700
Fax:
(305) 653-2704

Florida Department of State
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

October 12, 2001

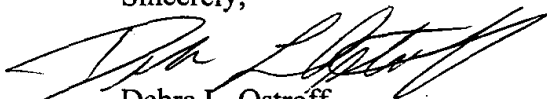
To Whom It May Concern,

Enclosed are copies of two Corporate Reports that were mailed together the end of August and never received by your office.

J36289 Psych Associates, Inc paid. by check #3707 \$550.00 still outstanding
F83713 Juan B. Espinosa, M.D., P.A. check # 9604 \$550.00 still outstanding.

I called your office today and spoke with Robin and she said to send the copies along with new checks.

Sincerely,



Debra L. Ostroff
Office Manager