

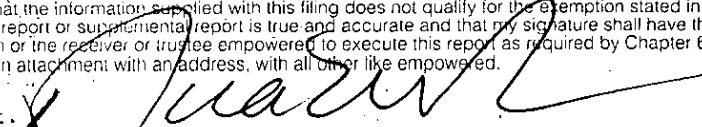
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90073 033 ***150.00

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	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Added For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ESPINOSA, JUAN B., M.D. 100 NW 170 STREET 407 NORTH MIAMI BEACH FL 33169				7. Name and Address of New Registered Agent	
				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. I am familiar with and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ESPINOSA, JUAN B		NAME		
STREET ADDRESS	100 NW 170 STREET, SUITE 407		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL		CITY-ST-ZIP		
TITLE	Deysaf WORTHALTER MD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	100 NW 170 ST #407		NAME		
STREET ADDRESS	N. Miami Beach, FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 607, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/03 3056533700
Date Date of Filing