

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

**Feb 07, 2000 8:00 an
Secretary of State**

02-07-2000 90014 024 ***150.00

DOCUMENT # J54121

1. Entity Name

EASTSIDE PSYCHIATRIC GROUP, P.A.

Principal Place of Business

Mailing Address

1825 NE 45TH ST
SUITE A
FORT LAUDERDALE FL 33308
US

1825 NE 45TH ST
SUITE A
FORT LAUDERDALE FL 33308-5117
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

65-0000382

Applied
Not Applied

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

**LAVENDER, JOEL R.
507 SE 11TH CT
SUITE 400
FT LAUDERDALE FL 33316**

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 \$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. ☐

\$5.00 may
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MATA, FERNANDO V.**
CITY-ST-ZIP **1825 NE 45TH ST
FT. LAUDERDALE FL**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KOSCHES, AMY C.**
CITY-ST-ZIP **1825 NE 45TH ST
FT. LAUDERDALE FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
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CITY-ST-ZIP

TITLE ☐ Change ☐
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 492-965