

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90180 030 ***150.00

DOCUMENT # J96918

1. Corporation Name

SOUTH FLORIDA PSYCHIATRIC P.P.O., INC.

Principal Place of Business

1550 MADRUGA AVE #326
CORAL GABLES FL 33146
US

Mailing Address

PO BOX 331266
MIAMI FL 33229-4266
US 33223-1266

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1987

4. FEI Number

65-0250314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

SHELOW, RONALD A., M.D.
C/O S FL PSY PPO
1550 MADRUGA AVE #326
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SHELOW, RONALD A. M.D.
STREET ADDRESS 2980 MCFARLANE RD #202
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME HOLZBERG, STANLEY I. M.D.
STREET ADDRESS P.O. BOX 166242 N/A
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME HANNA, STANLEY GEORGE
STREET ADDRESS 1201 N.W. 16 STREET
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME METCALF, GEORGE W. M.D.
STREET ADDRESS 8585 SUNSET DRIVE, #90
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME RAY, ALBERT L. M.D.
STREET ADDRESS 9150 SW 87TH AVE #107
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD A. SHELOW, M.D.

Daytime Phone #

CR2E034 (1/198)

02/76853