

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J96918

1. Entity Name

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

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90008 040 ***150.00

Principal Place of Business

1550 MADRUGA AVE #326
CORAL GABLES FL 33146
US

Mailing Address

PO BOX 331266
MIAMI FL 33233-1266
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0250314

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

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

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 Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SHELLOW, RONALD A. M.D.	
STREET ADDRESS	2980 MCFARLANE RD #202	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLZBERG, STANLEY I. M.D	
STREET ADDRESS	P.O. BOX 166242 N/A	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANNA, STANLEY GEORGE	
STREET ADDRESS	1201 N.W. 16 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	METCALF, GEORGE W. M.D.	
STREET ADDRESS	8585 SUNSET DRIVE, #90	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAY, ALBERT L. M.D.	
STREET ADDRESS	9150 SW 87TH AVE #107	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)