

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K67640

1. Entity Name

PEVSNER PSYCHOLOGICAL & BEHAVIORAL ASSOCIATES, P

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90084 037 ***150.00

Principal Place of Business

Mailing Address

2700 PGA BLVD
 SUITE 101
 PALM BEACH GARDENS FL 33410
 US

8624 THOUSAND PINES CIR
 SUITE 101
 W PALM BCH FL 33411-1908
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4475 MEDICAL CENTER WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2

City & State

City & State

WPB FL

4. FEI Number

65-0101768

Applied For

Not Applicable

Zip

Country

Zip

Country

33407

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

PEVSNER, RAMSEY
 2700 PGA BLVD
 PALM BEACH GARDENS FL 33410

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.

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEVSNER, RAMSEY	NAME	
STREET ADDRESS	2700 PGA BLVD	STREET ADDRESS	4475 MEDICAL CENTER WAY
CITY-ST-ZIP	PALM BEACH GARDENS FL	CITY-ST-ZIP	WPB FL
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

R. Ramsey Pevsner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/00 (561) 844-7782

Date

Daytime Phone #

CR 1 014 (04/01)