2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# L04967

Entity Name: CONSULTANTS IN PSYCHIATRY, M.D., P.A.

Current Principal Place of Business:

% NEIL E. PAUKER
7680 CAMBRIDGE MANOR PL #102
FT MYERS, FL 33907

New Principal Place of Business:

% NEIL E. PAUKER
14180 METROPOLIS AVE. #2
FT MYERS, FL 33912

Current Mailing Address:

% NEIL E. PAUKER
7680 CAMBRIDGE MANOR PL #102
FT MYERS, FL 33907

New Mailing Address:

% NEIL E. PAUKER
14180 METROPOLIS AVE. #2
FT MYERS, FL 33912

FEI Number: 65-0136261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAUKER, NEIL E., M.D
7680 CAMBRIDGE MANOR PL #102
FT MYERS, FL 33907

Name and Address of New Registered Agent:

PAUKER, NEIL E., M.D
14180 METROPOLIS AVE.
SUITE #2
FT MYERS, FL 33912

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: _____ 04/30/2003
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: PAUKER, NEIL E., MD,
Address: 7680 CAMBRIDGE MANOR 102
City-St-Zip: FT MYERS, FL

Title: SD ( ) Delete
Name: MACHLIN, STEVEN M
Address: 7680 CAMBRIDGE MANOR PLACE, #102
City-St-Zip: FT MYERS, FL

Title: VD ( ) Delete
Name: RIVES, LUIS MD
Address: 7680 CAMBRIDGE MANOR PL. 102
City-St-Zip: FT MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: PAUKER, NEIL E., MD,
Address: 14180 METROPOLIS AVE. #2
City-St-Zip: FT MYERS, FL 33912

Title: SD (X) Change ( ) Addition
Name: MACHLIN, STEVEN M
Address: 14180 METROPOLIS AVE. #2
City-St-Zip: FT MYERS, FL 33912

Title: VD (X) Change ( ) Addition
Name: RIVES, LUIS MD
Address: 14180 METROPOLIS AVE. #2
City-St-Zip: FT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL E. PAUKER 9DT 04/30/2003
Electronic Signature of Signing Officer or Director — Date