

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90965 039 ***150.00

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☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # L89019 1. Entity Name ADOLESCENT AND CHILD PSYCHIATRIC SERVICES, INC.					
Principal Place of Business 6226 PRESIDENTIAL CTG STE C FT MYERS, FL 33919 US			Mailing Address 6226 PRESIDENTIAL COURT STE C FT MYERS, FL 33919 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State PO BOX 60852 FORT MYERS FL		
Zip		Country		4. FEI Number 65-0207234	
Zip 33906		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MASFERRER, MARIA E 6226 PRESIDENTIAL COURT, STE C FT. MYERS, FL 33919				7. Name and Address of New Registered Agent Name: BRENDA KAUFMAN Street Address (P.O. Box Number is Not Acceptable) 631 NW 1ST LANE City: CAPE CORAL FL Zip Code: 33993	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Brenda Kaufman</u> BRENDA KAUFMAN, MANAGING DIRECTOR <u>4-29-03</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when changing))</small>					
FEE: NOW \$150.00 After May 1, 2003 Fee will be \$650.00 Check payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MASFERRER, MARIA E M.D. 13270 CORBEL CIR, #1711 FORT MYERS, FL 33907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BRENDA KAUFMAN 631 NW 1ST LANE CAPE CORAL, FL 33993	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Brenda Kaufman</u> BRENDA KAUFMAN <u>4-29-03</u> <u>239-458-4506</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #</small>					

CR2E034 (10/02)