

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N08002**

1. Entity Name

FLORIDA SOCIETY FOR ADOLESCENT PSYCHIATRY, INC.**FILED****May 15, 2000 8:00 am**
Secretary of State

05-15-2000 90176 007 ****61.25

Principal Place of Business

Mailing Address

**521 EAST PARK AVENUE
TALLAHASSEE FL 32301****521 EAST PARK AVENUE
TALLAHASSEE FL 32301-2524**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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****ADAMS, MARGO S
521 EAST PARK AVENUE
TALLAHASSEE FL 32301**

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

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **STD** ☐ Delete
NAME **FARMER, SCOTT**
STREET ADDRESS **615 E PRINCETON ST STE 3A**
CITY-ST-ZIP **ORLANDO FL 32803**TITLE **PED** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☒ Delete
NAME **DOW, THOMAS W**
STREET ADDRESS **934 N MAGNOLIA STE 200**
CITY-ST-ZIP **ORLANDO FL 32803**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE **PED** ☐ Delete
NAME **PRUITT, MICHAEL**
STREET ADDRESS **6251 PHILLIPS HWY STE 4**
CITY-ST-ZIP **JACKSONVILLE FL 32216**TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **STD** ☐ Change ☒ Addition
NAME **MICHAEL SOLLOWAY**
STREET ADDRESS **4190 BELFORT ROAD SUITE 310**
CITY-ST-ZIP **JACKSONVILLE FLORIDA 32216**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARGO S. ADAMS 4/26/00 (850) 222-8404

CR2E037 (9/99)