

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90284 010 \*\*\*\*61.25

**DOCUMENT # N08002**

1. Entity Name

**FLORIDA SOCIETY FOR ADOLESCENT PSYCHIATRY, INC.**

Principal Place of Business

Mailing Address

**521 EAST PARK AVENUE  
TALLAHASSEE FL 32301**

**521 EAST PARK AVENUE  
TALLAHASSEE FL 32301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

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

**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 NAME ☐ Delete  
**PED FARMER, SCOTT**  
STREET ADDRESS  
**615 E PRINCETON ST STE 3A**  
CITY-ST-ZIP  
**ORLANDO FL 32803**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
**STD SOLLOWAY, MICHAEL**  
STREET ADDRESS  
**4190 BELFORT ROAD, SUITE 310**  
CITY-ST-ZIP  
**JACKSONVILLE FL 32216**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
**PD PRUITT, MICHAEL**  
STREET ADDRESS  
**6251 PHILLIPS HWY STE 4**  
CITY-ST-ZIP  
**JACKSONVILLE FL 32216**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Margo S Adams*  
**REQUIRED**

*April 29, 2002 (850) 222-8404*

CR2E037 (9/01)