2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 20, 2003 8:00 am Secretary of State 04-22-2003 90069 014 ****61.25

1. Entity Na	JMENT # NO8002 SOCIETY FOR ADOLESCENT	PSYCHIATRY, INC.				04-22-2003 90069	9 014 ****	61.25	
521 EAST PARK AVENUE 521 E		Mailing Address 21 East Park aveniue Allahassee Fl 32301		55042362					
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2. Principal Place of Business 3. M.		3. Mailing Address	Malling Address) I IIII III III III	3 1 1 1 111 111 111 11111 11 11 1 1111 1		OEE HOW IN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Number N	OT APPLICABLE		applied For lot Applicable	7
Zip	Country	Zip	Country		5. Certificate of St	atus Desired 🔲	\$8.75 At	ditional ed	
	6. Name and Address of Current Re	egistered Agent	Nin-		7. Name and Add	ress of New Registers	d Agent		7
ADAMS, MARGO 8				Name.					
521 EAST PARK AVENUE TALLAHASSEE FL 32301			Stree	Street Address (P.O. Box Number is Not Acceptable)					ļ
"	12 0200		City		<u></u>	F	Zip Co	de	$\left\{ \right.$
	e named entity submits this statement for the	he purpose of changing its	registered office	or register	ed agent, or both, in t			and accept	1
the obliga	itions of registered agent.								ļ
SIGNATURE									
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	Signature, typed or orinted name of registered agent and	1 100 y if applicable. (NOTE:	: Registered Agent sig	mature required	when rainstating)	DATE			
9	Signature, typed or printed name of registered agent and FILE NOW: FEE: IS \$61.25	9. Election Carr Trust Fund C	npaign Financin		\$5.00 May Be Added to Fees		ck Payable		
, 10.	FILE NOW: FEE IS \$61.25	9. Election Carr Trust Fund Ca	npaign Financin	9 0	\$5.00 May Be Added to Fees	Make Che	ck Payable artment of	State	
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r nereby certify that the information supplied with this filling does not quality 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.