

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002859

1. Entity Name

PSYCHIATRIC RESOURCE CENTER, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90096 031 ****61.25

Principal Place of Business

251 A ROYAL PALM WAY
STE #300
PALM BEACH FL 33480

Mailing Address

1178 N LAKE WAY
PALM BEACH FL 33480-3245

2. Principal Place of Business

225 Seaspray

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Beach, FL

City & State

4. FEI Number

65-0636798

Applied For

Not Applicable

Zip
33480

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RHODES, JESS F
1178 N LAKE WAY
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RHODES, J.F.	
STREET ADDRESS	1178 N LAKE WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHAPMAN, GARY L ESQ	
STREET ADDRESS	836 BELVEDERE RD. #2	
CITY-ST-ZIP	W PALM BEACH FL 33405	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MONSERRATE, MARLENE	
STREET ADDRESS	1102 NW 10TH CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ELLIOT, SHAWN	
STREET ADDRESS	132 WETAWLANE #112	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)