

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002859

1. Entity Name

PSYCHIATRIC RESOURCE CENTER, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90209 021 ****61.25

Principal Place of Business

225 SEASPRAY
PALM BEACH FL 33480

Mailing Address

1178 N LAKE WAY
PALM BEACH FL 33480

2. Principal Place of Business

Suite, Apt. #, etc.

110

City & State

W. Palm Beach FL

Zip
33401

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

110

City & State

W. Palm Beach FL

Zip
33401

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0636798

Applied For

Not Applicable

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

Jess Rhodes

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
RHODES, J.F.
1178 N LAKE WAY
PALM BEACH FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CHAPMAN, GARY L ESQ
836 BELVEDERE RD. #2
W PALM BEACH FL 33405 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
MONSERRATE, MARLENE
1102 NW 10TH CT
BOYNTON BEACH FL 33426 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
ELLIOT, SHAWN
132 WETTAWLANE #112
PALM BEACH GARDENS FL 33408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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:

Jess Rhodes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-01, 561-832
0922

CR2E037 (10/00)