

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000057584

1. Entity Name

MEDICAL ARTS COUNSELING & WELLNESS CENTERS, INC.

FILED

May 15, 2001 8:00 am
Secretary of State

05-15-2001 90083 032 ***150.00

Principal Place of Business

Mailing Address

C/O DAVID B MITCHELL, P.A.
2655 LE JUNE ROAD STE 1001
CORAL GABLES FL 33134

C/O DAVID B MITCHELL, P.A.
2655 LE JUNE ROAD STE 1001
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

1212 E. BROWARD BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

204

City & State

City & State

FT. LAUDERDALE, FL.

Zip

Country

Zip

Country

33301

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1037736

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

MITCHELL, DAVID B ESQ
C/O DAVID B MITCHELL, P.A.
2655 LE JUNE ROAD STE 1001
CORAL GABLES FL 33134

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME WEISS, MARGO PH.D.
STREET ADDRESS 3252 SW 53RD STREET
CITY-ST-ZIP HOLLYWOOD FL 33312

TITLE P ☒ Change ☐ Addition
NAME WEISS, MARGO PH.D.
STREET ADDRESS 3252 SW 53 ST.
CITY-ST-ZIP HOLLYWOOD FL 33312

TITLE D ☐ Delete
NAME PECORARO, CARMINE PH.D.
STREET ADDRESS 305 N.E. 16TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE VP ☒ Change ☐ Addition
NAME PECORARO, CARMINE PSY.D.
STREET ADDRESS 305 NE 16 AVE
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition
NAME CRAMMER, DENISE PSY.D.
STREET ADDRESS 8282 NW 3 PLACE
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margo Weiss, Ph.D.* MARGO WEISS, PH.D. 4/28/01 954-262-3020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)