1092

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DZ 2003 UBR

FILED
03 JUN -3 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/11/03--01053--021 **150.00

2/14/03 01060 002 - 150.00

DOCUMENT # P00000083462

1. Entity Name
EQUILIBRIUM, PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1725 MAIN STREET	1725 MAIN STREET
Suite, Apt. #, etc. #223	Suite, Apt. #, etc. #223
City & State WESTON, FL	City & State WESTON, FL
Zip 33326 Country USA	Zip 33326 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1032544 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name MARIA A. TELLES-GADIA

Street Address (P.O. Box Number is Not Acceptable)
1725 MAIN STREET, #223

City WESTON FL Zip Code 33326

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE MARIA A. TELLES-GADIA 4/25/03
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P - MARIA A. TELLES-GADIA 1725 MAIN STREET, #223 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP - JONATHAN HOFFMAN 1725 MAIN STREET, #223 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA A. TELLES-GADIA 4/25/03 954-217-1757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2002

NeuroBehavioral International

1725 Main St., #223 • Weston, FL 33326
Telephone: (954) 217-1757 • Fax: (954) 385-3807

February 11, 2003

Division of Corporations
PO Box 6327
Tallahassee, Fl., 32314

Gentlemen:

Please be advised that we did not receive the UBR for 2002. We are therefore requesting that you waive the penalties for that year.

We have enclosed our check number 1334.

Thanking you for your consideration, I remain

Sincerely yours,

Maria A. Telles-Gadia, M.D., M.S.P.H.
Officer and President