

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90124 030 ***550.00

DOCUMENT # P01000048273

1. Entity Name
ADVANCED CHILD & FAMILY PSYCHIATRY, INC.

Principal Place of Business
5821 NE 20TH AVE.
FT. LAUDERDALE FL 33308

Mailing Address
5821 NE 20TH AVE.
FT. LAUDERDALE FL 33308

B0132168



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6245 N Federal Hwy
 Suite, Apt. #, etc.
201

3. Mailing Address

6245 N. Federal Hwy
 Suite, Apt. #, etc.
201

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number

65-403729

Applied For

Not Applicable

Zip
33308-1998

Country

Zip

33308-1998

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MUSIL, CLINTON A JR.
5821 NE 20TH AVE.
FT. LAUDERDALE FL 33308

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE
PSD
 NAME
MUSIL, CLINTON A JR.
 STREET ADDRESS
5821 NE 20TH AVE.
 CITY-ST-ZIP
FT. LAUDERDALE FL 33308

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)