FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-20-2002 90177 001 ***150.00
02-18-2002 90173 048 ***150.00

DOCUMENT # P01000055895

1. Entity Name: Pines Neurological Treatment Centers, Inc

DO NOT WRITE IN THIS SPACE

20270

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 17743 S.W. 2nd St	3. Mailing Address: 6067 Hollywood Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.: 3rd Floor
City & State: Pembroke Pines FL	City & State: Hollywood, FL
Zip: 33029 Country: Broward	Zip: 33024 Country: Broward

4. FEI Number: 65-1120752 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Robert Kustin
Street Address (P.O. Box Number is Not Acceptable): 6067 Hollywood Blvd. 3rd Floor
City: Hollywood FL Zip Code: 33024

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: Robert Kustin P 2-5-02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P	TITLE	
NAME	Kustin, Robert	NAME	
STREET ADDRESS	17743 S.W. 2nd St	STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines, FL 33029	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	SAMUELS, JEFFREY	NAME	
STREET ADDRESS	17743 S.W. 2nd St	STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines, FL 33029	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Kustin 2-5-02 (954) 981 9777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #