

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90184 014 \*\*\*158.75

**DOCUMENT # P01000114073**

1. Entity Name

**ROBERT B. MOLPUS, M.D., P.A.**

**DBA Dr. Phillips Psychiatric Group PA**

Principal Place of Business

Mailing Address

~~1200 NORTH CENTRAL BLVD STE 215~~

1200 NORTH CENTRAL BLVD STE 215

~~KISSIMMEE FL 34741~~

KISSIMMEE FL 34741

**7800 W. Sandlake Rd #201**  
**Orlando, FL 32819**

2. Principal Place of Business

**7800 W Sandlake Rd**

3. Mailing Address

**7800 W Sandlake Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 201**

**Suite 201**

City & State

City & State

**Orlando FL**

**Orlando FL**

Zip

Country

Zip

Country

**32819**

**Orange**

**32819**

**Orange**

6. Name and Address of Current Registered Agent

**OSSINSKY, MARC P**  
**210 N WYMORE RD**  
**WINTER PARK FL 32789**

4. FEI Number

**59-3758441**

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 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

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, 2002 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOLPUS, ROBERT B MD</b>	
STREET ADDRESS	<b>1614 ANTIGUA DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

**4/23/2002 407-847-0314**  
 Date Daytime Phone #

CR2E034 (9/01)