

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90025 019 ***150.00

DOCUMENT # P06441

1. Entity Name

RAMSAY YOUTH SERVICES, INC.

Principal Place of Business

ONE ALHAMBRA PLACE
STE 750
CORAL GABLES FL 33134
US

Mailing Address

ONE ALHAMBRA PLACE
STE 750
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 63-0857352

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 NAME STREET ADDRESS CITY-ST-ZIP	CB RAMSAY, PAUL 156 PACIFIC HWY STE 103 SYDNEY, AUSTRALIA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LAMELA, LUIS ONE ALHAMBRA PLAZA STE 750 CORAL GABLES FL 33134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, PETER J 156 PACIFIC HWY #103 GREENWICH, NSW	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIDDLE, MICHAEL S 156 PACIFIC HWY #103 GREENWICH, NSW	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CABRERA, MARCIO ONE ALHAMBRA PLZA, STE 750 CORAL GABLES FL 33134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICO, JORGE ONE ALHAMBRA PLZA STE 750 CORAL GABLES FL 33134	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CIBRAN, BERT G. ONE ALHAMBRA PLAZA STE 750 CORAL GABLES, FL 33134	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIAZ, ISA ONE ALHAMBRA PLAZA STE 750 CORAL GABLES, FL 33134	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOTO, MARIA ELENA ONE ALHAMBRA PLAZA STE 750 CORAL GABLES, FL 33134	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAM, AARON 10708 US HIGHWAY 98 FAIRBORN, AL 36532	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYTHE, THOMAS 90 PARK AVENUE 15th FLOOR NEW YORK, NY 10016	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKULMAN, STEVEN J 22 WATERVILLE ROAD AVON, CT 06001	☐ Change ☒ Addition

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:

Marco C. Cabrera *Marco C. CABRERA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0159023

CR2E034 (10/00)