

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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Detail by Entity Name

Florida Profit Corporation
PROFESSIONAL PSYCHIATRIC ASSOCIATES INC

Filing Information

Document Number P1000008837
FEVEIN Number ~~NONE~~ **80-0654723**
Date Filed 10/27/2010
State FL
Status ACTIVE
Effective Date 10/25/2010

Principal Address
2545 PARTRIDGE DRIVE
WINTER HAVEN FL 33884

Mailing Address
2545 PARTRIDGE DRIVE
WINTER HAVEN FL 33884

Registered Agent Name & Address
RASUL, IFTIKHAR
2545 PARTRIDGE DRIVE
WINTER HAVEN FL 33884 US

Officer/Director Detail

Name & Address
Title P
RASUL, IFTIKHAR
2545 PARTRIDGE DRIVE
WINTER HAVEN FL 33884

Annual Reports
No Annual Reports Filed

Document Images
10/27/2010 -- Domestic Profit

Note: This is not official record. See documents if question or conflict.

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Please update



Employer Identification Number Verification Form

Note: Form must be accompanied by a completed 8821.

The IRS Practitioner Priority Service hotline (866-860-4259) can be used to confirm a taxpayer's EIN verbally. Make every attempt to procure alternate sources of federal documentation. This includes having the client contact the IRS directly in order to receive a federal document.

For extreme cases where it is not possible to obtain any form of documentation, Taxpay[®] will accept new loads without federal documentation, as long as there is a documented conversation with the IRS. The documented conversation should include the name and badge ID number of the IRS representative that verified the client's EIN number, name, and address.

All fields are required.

Client's Employer Identification Number 80-0654723

Client's Legal Name Professional Psychiatric Associates Inc

DBA _____

Client's Legal Address 2545 Partridge Drive
Winter Haven, FL 33884

IRS EE Name Maronica Howell

IRS EE Badge ID# 1000144146

Chandra Younggreen
Sales Representative or Designee Name (Printed)

Sales Representative or Designee Signature

Verification Date 11, 9, 10

Verification Time 12:48 AM/PM (PM)

Type of Filer: 941 / 943 / 944

Seasonal Employer: Y or (N)

Form **8821**
(Rev. August 2008)
Department of the Treasury
Internal Revenue Service

Tax Information Authorization

Do not sign this form unless all applicable lines have been completed.
Do not use this form to request a copy or transcript of your tax return.

Instead, use Form 4506 or Form 4506-T

FOR IRS Use Only
Received By:
Name _____
Telephone (____) _____
Function _____
Date _____

1 Taxpayer information. Taxpayer(s) must sign and date this form on line 7.

Taxpayer name(s) and address (type or print) Professional Psychiatric Associates Inc 2545 Partridge Drive FL, FL 33884	Social security number(s)	Employer Identification Number
	Daytime telephone number	Plan number (if applicable)

80-0654723

2 Appointee. If you wish to name more than one appointee, attach a list to this form.

Name and address Psychex, Inc. 161124166 911 Panorama Trail South Rochester, NY 14625	CAF No..... Telephone No..... Fax No..... Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 4. If you check this box, skip lines 5 and 6. For name, address & EIN verification and/or research of entity.

5 Disclosure of tax information (you must check a box on line 5a or 5b unless the box on line 4 is checked):

- a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box
- b If you do not want any copies of notices or communications sent to your appointee, check this box

6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you must attach a copy of any authorizations you want to remain in effect and check this box.

To revoke this tax information authorization, see the instructions on page 4.

7 Signature of taxpayer(s). If a tax matter applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.

IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.
DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Mikhar Rasul

11/08/10

Signature Date Signature Date

Print Name Title (if applicable) Print Name Title (if applicable)
 PIN number for electronic signature PIN number for electronic signature

Rivera, Maribel

From: Younggreen, Chandra [cyounggreen@paychex.com]
Sent: Tuesday, December 21, 2010 1:37 PM
To: CorpAddressChange
Subject: EIN update for Sunbiz.org
Attachments: Prof Psy Assoc.pdf

Good afternoon,

A current client of ours asked me to forward this IRS information to you.

Apparently the EIN# has never been updated on Sunbiz, so could you please use the supporting information to enter in their: FEI/EIN Number?

They just submitted their DR-1 online application today, and they did not want the missing FEI/EIN Number, to hold up getting a SUI Acct#.

If you have any questions, please feel free to call me or the client.

Client Contact: Iftikhar Rasul Tel# (706) 910-5744

Thank you for your time.

Chandra Capobianco
Sales Representative
Paychex, Inc.

Email: cyounggreen@paychex.com
Office: 1.800.532.4980 x22563
Cell: 407-416-9953
Fax: 877-217-5485

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