

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90966 009 \*\*\*150.00

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DOCUMENT # P92000001669

1. Entity Name

MIAMI PSYCHOLOGICAL CENTER, INC.



Principal Place of Business

2701 S BAYSHORE DR  
#305  
COCONUT GROVE FL 33133  
US

Mailing Address

537 SAN ESTEBAN  
CORAL GABLES FL 33146  
US

2. Principal Place of Business

1514 San Ignacio  
Suite, Apt. #, etc.  
#250

3. Mailing Address

1514 San Ignacio  
Suite, Apt. #, etc.  
#250

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33146

Country

USA

Zip

33146

Country

USA

4. FEI Number

00-0000450

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BARSKY, STEVEN

537 SAN ESTEBAN

CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

Barsky, Steven

Street Address (P.O. Box Numbers Not Acceptable)

1514 San Ignacio

City

Coral Gables

FL

Zip Code

33146

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BARSKY, STEVEN	
STREET ADDRESS	2701 S. BAYSHORE DRIVE #305	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GREENBAUM, DICK	
STREET ADDRESS	2701 S. BAYSHORE DR., #305	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	P Barsky, Steven	<input type="checkbox"/> Delete
NAME	1514 San Ignacio #250	
STREET ADDRESS	Coral Gables, FL 33146	
CITY-ST-ZIP		
TITLE	V Greenbaum, Dick	<input type="checkbox"/> Delete
NAME	1514 San Ignacio #250	
STREET ADDRESS	Coral Gables, FL 33146	
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		

11. 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		
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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		

12. 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 10 or Block 11 if changed, or on an attachment with an address with an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)