FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

TITLE

TITLE

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 30 1997 8:00am

Secretary of State

☐ Change

☐ Change

Change

Addition

Addition

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Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000025231 (9)

PSYCHIATRIC ASSOCIATES OF THE PALM BEACHES, P.A.

200 KNUTH RE BOYNTON BEA		200 KNUTH RD BOYNTON BEACH FL 33436	-4629			
				3. Date Incorporated or Qualified 03/29/1994	3a. Date of Last Report 08/08/1996	
	lace of Business	2a. Mailing Address	11 4	4, FEI Number	Applied For	
21 8895	5 W. Mildary Trail	26 8895 N.M	11 Havy Trail	65-0477540	Not Applicable	
Sulte, Apt.		Suite, Apt. #, etc.	1	5, Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	Boach Gordons, FL	City & State 28 Pulm Beach Go	uders, FC	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 33410	Country 25 USA	Zip 29 33410 3	Country	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes \(\Boxed{\omega}\) No	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
200	LY, T J MD KNUTH RD		82 Street A <u>d</u> g	82 Street Address (P.O. Box Number is Not Acceptable)		
801	'NTON BEACH FL 33436		83	suite 2018	av	
			84 City &	um Beach Gordons	FL 85 Zip Code 33410	
11, Pursuant to office or reagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of milamiliar with, and accept the obligat	and 607.1508, Florida Statutes of Florida. Such change was aut ions of Section 607.0505, Florid	, the above-named cor horized by the corpora da Statutes.	rporation submits this statement for the patients board of directors. I hereby accep	urpose of changing its registered the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agoni	le	Registered Agent signature requ	4	121197	
12.	OFFICERS AND	 	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TILE 2		☐ Change ☐ Additio	
NAME	KELLY, T J MD	~	1.2 NAME	ianet L. Schoile, M.D.	^	
STREET ADDRESS	200 KNUTH RD		1.3 STREET ADDRESS	Bas N. Military Trail S	ite 2018	
CITY-ST-ZIP	BOYNTON BEACH FL 33436		1.4 CITY-ST-ZIP	ionet L. Schoile, M.D. 1980 S. N. Militany Trail S Palm Beach Gardens, V	92 33410	
TITLE		☐ DELETE	21 TITLE		Change Additio	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			

3.1 TITLE 3.2 NAME

4.1 TITLE 4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

33 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CHY-ST-7IP

4 4 CITY - ST - ZIP

34. CITY-S1-ZIP

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall large 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 64. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapters, or on the attribute with Vacidness.

Hear's in Block 12 or Block 13 if charges, of only approximately with syladdressyl

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