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Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90251 001 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000068319

1. Corporation Name

PSYCHIATRIC AND BEHAVIORAL MANAGEMENT, P.A.



Principal Place of Business

2520 UNIVERSITY BLVD. WEST  
JACKSONVILLE FL 32217

Mailing Address

2520 UNIVERSITY BLVD. WEST  
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1994

2. Principal Place of Business

21 4190 Belfort Rd

2a. Mailing Address

26 4190 Belfort Rd

4. FEI Number

59-3272150

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 310

Suite, Apt. #, etc.

27 Suite 310

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

23 Jacksonville, FL

City & State

28 Jacksonville, FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

24 32216

Country

25 Duval

Zip

29 32216

Country

30 Duval

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

TORRELLAS, CARLOS M  
9432 BAYMEADOWS RD STE 280  
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name GLENN Allen  
82 Street Address (P.O. Box Number is Not Acceptable)  
353 EAST Forsyth Street  
83  
84 City Jacksonville FL 85 Zip Code 32202

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ALVAREZ-MULLIN, ANGELES  
STREET ADDRESS 2520 UNIVERSITY BLVD. WEST  
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE D ☐ DELETE

NAME TORRELLAS, CARLOS  
STREET ADDRESS 2520 UNIVERSITY BLVD. WEST  
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE D ☒ DELETE

NAME LOPEZ, JUAN M  
STREET ADDRESS 2520 UNIVERSITY BLVD. WEST  
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 4190 Belfort Rd, Ste 310  
1.4 CITY-ST-ZIP Jacksonville, FL 32216

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME TORRELLAS, CARLOS M  
2.3 STREET ADDRESS 4190 Belfort Rd, Ste 310  
2.4 CITY-ST-ZIP Jacksonville, FL 32216

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Paeas, Perry  
4.3 STREET ADDRESS 4190 Belfort Rd, Ste 310  
4.4 CITY-ST-ZIP Jacksonville, FL 32216

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME Miller, Roger  
5.3 STREET ADDRESS 4190 Belfort Rd, Ste 310  
5.4 CITY-ST-ZIP Jacksonville, FL 32216

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME Solloway, Michael  
6.3 STREET ADDRESS 4190 Belfort Rd, Ste 310  
6.4 CITY-ST-ZIP Jacksonville, FL 32216

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

2-11-99(104) 991-6998

CR2E034 (11/98)