

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 OCT 26 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000068319**

1. Corporation Name

PSYCHIATRIC AND BEHAVIORAL MANAGEMENT, P.A.

Principal Place of Business

4190 BELFORT RD
SUITE 310
JACKSONVILLE FL 32216
US

Mailing Address

4190 BELFORT RD
SUITE 310
JACKSONVILLE FL 32216
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/15/1994

5. FEI Number

59-3272150

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City, State, Zip 4
D	ALVAREZ-MULLIN, ANGELES	4190 BELFORT RD, STE 310	JACKSONVILLE FL 32216
D	TORNELLAS, CARLOS MD <i>Tornellas,</i>	4190 BELFORT RD STE 310	JACKSONVILLE FL 32216
D	MILLER, ROGER	4190 BELFORT RD STE 310	JACKSONVILLE FL 32216
D	CARLOS, PERRY	4190 BELFORT RD STE 310	JACKSONVILLE FL 32216
D	SOLLOWAY, MICHAEL	4190 BELFORT RD STE 310	JACKSONVILLE FL 32216

8. Name and Address of Current Registered Agent

~~ALLEN, GLENN~~
~~353 EAST FORSYTH STREET~~
~~JACKSONVILLE FL 32202~~

9. Name and Address of New Registered Agent

Name **PAUL I Perez**
Street Address (P.O. Box Number is Not Acceptable)
1301 Riverplace Blvd
Suite, Apt. #, Etc. **SUITE 2440**
City **Jacksonville** State **FL** Zip Code **32207**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/19/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #