

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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DOCUMENT # P94000068319

1. Entity Name  
PSYCHIATRIC AND BEHAVIORAL MANAGEMENT, P.A.

02 OCT 11 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4190 BELFORT RD  
SUITE 140  
JACKSONVILLE FL 32216  
US

Mailing Address  
4190 BELFORT RD  
SUITE 140  
JACKSONVILLE FL 32216  
US



2. Principal Place of Business  
Suite Apt. #, etc.  
140  
City & State

3. Mailing Address  
Suite Apt. #, etc.  
140  
City & State

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number 59-3272150  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

PEREZ, PAUL I  
1301 RIVERPLACE BLVD., STE. 2440  
JACKSONVILLE FL 32207

Name Robert Stam  
Street Address (P.O. Box Number is Not Acceptable)  
12 South Sixth Street  
City Fernandina Beach FL Zip Code 32034

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]* DATE 10/8/02  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D TORRELLAS, CARLOS MD	4190 BELFORT RD STE 140	JACKSONVILLE FL 32216	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Secretary/Treasurer	Stacy Torrellas	4190 Belfort Rd Ste 140	Jacksonville FL 32216	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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-10/10/02--01035--003  
\*\*\*\*563.75 \*\*\*\*563.75

13. 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/02)

# Psychiatric and Behavioral Management, P.A.

"Providers of a full range of Psychiatric and Addiction Treatment"

4190 Belfort Road, Suite 140 • Jacksonville, FL 32216

(904) 296-6888

Fax (904) 296-0229

October 8, 2002

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: Document Number P94000068319  
Psychiatric and Behavioral Management, P.A.


Attention: Reinstatement Department

As per my conversation with your department today, enclosed is our 2002 Uniform Business Report and a check in the amount of \$555.00 (\$550.00 annual fee plus an additional \$5.00 for the election campaign financing trust fund).\*

Please note the correction of our address, as I believe that this was partially responsible for the delay in completing this report. Apparently, in addition to this, it was placed in the mailbox of an employee who had been on maternity leave, and was delayed in getting to me.

Please accept our application and fee. We appreciate your understanding and cooperation regarding the above variables, and your prompt attention to this matter. If you have any questions, please contact myself or Tina Klim, Practice Administrator, at the above telephone number. Once again, thank you.

Sincerely,



Stacy Torrellas  
Secretary/Treasurer

enclosures

P.S. #8.75 also included  
for Certificate of Status  
Thank you.