1 of 2

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000015133

08-12-2002 90007 016 ***150.00
FILED P95000015133
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 28 AM 8:01

(R)

1. Entity Name
QUALITY PSYCHIATRIC SERVICES, P.A.

Principal Place of Business	Mailing Address
101 PARK PLACE BLVD. SUITE 1-A KISSIMMEE FL 34741	101 PARK PLACE BLVD. SUITE 1-A KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3302817 ☐ 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
POULOS, PETER M.D. 101 PARK PLACE BLVD. SUITE 1-A KISSIMMEE FL 34741	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 $150.00
After May 1, 2002 Fee will be $550.00
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	DPV POULOS, PETER M.D. 101 PARK PLACE BLVD., SUITE 1-A KISSIMMEE FL 34741 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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 the receiver 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: X SIGNATURE REQUIRED X 3/31/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Peter Poulos, M.D.
101 PARK PLACE BLVD., SUITE 1-A
KISSIMMEE, FLORIDA 34741
TELEPHONE: (407) 846-3050

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Oct 22/02

Division Of Corporations
Annual Report / Reinstatement Section
P o Box 6327
Tallahassee, FL 32314-6327

Re: 2002 Uniform Business Report

Dear Mr Andy Dunlap:

The 2002 Uniform Business report was not received in a timely manner. I had spoken to Tyrone back in August after receiving your Aug 14/02 letter. He said to disregard letter and report will be process. Since checks for $150.00 each is on file, I assume that this issue will be resolved now. Thank you very much for your help. Please ~~to~~ contact our office at the above address or by telephone # above.

Personal
Office Manager

PETER POULOS, M.D.
101 Park Place Blvd., Suite 1-A
KISSIMMEE, FLORIDA 34741
(407) 846-3050