

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90047 047 ***150.00

DOCUMENT # P95000020600

1. Entity Name

PSYCHIATRIC ASSOCIATES PROPERTIES, INC.

Principal Place of Business

**235 CARMEL DRIVE
 FORT WALTON BEACH FL 32547**

Mailing Address

**235 CARMEL DRIVE
 FORT WALTON BEACH FL 32547-1957**

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

59-3304388

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

**FLEET, BART
 1201 EGLIN PARKWAY
 SHALIMAR FL 32579**

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 VALENTINE EUGENE R

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, 2000 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 | D | <input type="checkbox"/> Delete |
| NAME | MICHAS, GEORGE A M.D. | |
| STREET ADDRESS | 235 CARMEL DRIVE | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32547 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MICHAS, ELIZABETH | |
| STREET ADDRESS | 235 CARMEL DRIVE | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32547 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CHANDLER, EDWARD | |
| STREET ADDRESS | 235 CARMEL DRIVE | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32547 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCAULIFFE, MARIANNE | |
| STREET ADDRESS | 235 CARMEL DRIVE | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32547 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | VALENTINE, EUGENE R M.D. | |
| STREET ADDRESS | 235 CARMEL DRIVE | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32547 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BENSHOOF, BONNIE | |
| STREET ADDRESS | 490 HIGHWAY 85 NORTH, UNIT C | |
| CITY-ST-ZIP | NICEVILLE FL 32578 | |

| | |
|----------------|-------------------------------------------------------------------|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 names empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)