

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083407

1. Entity Name

MED-PSYCH HEALTH CARE SERVICES, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90194 005 \*\*\*150.00

Principal Place of Business

Mailing Address

7900 NOVA DRIVE  
200  
DAVIE FL 33324  
US

7900 NOVA DRIVE  
200  
DAVIE FL 33324-5821  
US

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

65-0630351

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

RODRIGUEZ, CONNIE  
7900 NOVA DRIVE  
STE 200  
DAVIE FL 33324

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, 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 PD ☐ Delete  
NAME RODRIGUEZ, CONNIE  
STREET ADDRESS 7900 NOVA DR, #200  
CITY-ST-ZIP DAVIE FL 33324

TITLE VD ☐ Delete  
NAME KEMPER, KIMBERLY A  
STREET ADDRESS 1941 S.W. 105TH AVENUE  
CITY-ST-ZIP DAVIE FL

TITLE SD ☒ Delete  
NAME RODRIGUEZ, STEVEN S  
STREET ADDRESS 3523 S ORCHARD RD W  
CITY-ST-ZIP DAVIE FL 33328

TITLE TD ☐ Delete  
NAME RODRIGUEZ, DAVID  
STREET ADDRESS 7900 NOVA DRIVE, #200  
CITY-ST-ZIP DAVIE FL 33324

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

*David Rodriguez* David Rodriguez

4/26/2000

954.452.8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

AA R-7600 0520 0014 9945 8779