

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083407

1. Entity Name

MED-PSYCH HEALTH CARE SERVICES, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90380 023 ***150.00

Principal Place of Business	Mailing Address
7900 NOVA DRIVE 200 DAVIE FL 33324 US	7900 NOVA DRIVE 200 DAVIE FL 33324 US

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

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

RODRIGUEZ, CONNIE
7900 NOVA DRIVE
STE 200
DAVIE FL 33324

4. FEI Number **65-0630351**

Applied For ☐ Not Applicable ☐

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

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (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 \$150.00
After MAY 1, 2001 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 RODRIGUEZ, CONNIE 7900 NOVA DR, #200 DAVIE FL 33324	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD KEMPER, KIMBERLY A 1941 S.W. 105TH AVENUE DAVIE FL	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD RODRIGUEZ, STEVEN S 3523 S ORCHARD RD W DAVIE FL 33328	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD RODRIGUEZ, DAVID 7900 NOVA DRIVE, #200 DAVIE FL 33324	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Connie Rodriguez **4/27/01** **954.452-8100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)