

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000037358**1. Entity Name
PSYCHIATRIC INSTITUTE OF FLORIDA, P.A.Principal Place of Business
77 UNDERWOOD ST
3RD FL
ORLANDO FL 32806 USMailing Address
77 UNDERWOOD ST
3RD FL
ORLANDO FL 32806 US2. Principal Place of Business
5401 S. KIRKMAN RD.3. Mailing Address
5401 S. KIRKMAN RD.Suite, Apt. #, etc.
SUITE 480Suite, Apt. #, etc.
SUITE 480City & State
ORLANDO FLCity & State
ORLANDO FLZip Country
32819 USZip Country
32819 US4. FEI Number
59-3374182Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentWEST SCOTT AMD.
77 UNDERWOOD ST
3RD FL
ORLANDO FL 32806 US**7. Name and Address of New Registered Agent**Name
WEST SCOTT AMD.
Street Address (P.O. Box Number is Not Acceptable)
5401 S. KIRKMAN RD.
SUITE 480
City ORLANDO FL Zip Code 32819

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 **04/30/2001**
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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE V ☐ Delete
NAME STANTON SEAN P
STREET ADDRESS 77 UNDERWOOD ST 3RD FL
CITY-ST-ZIP ORLANDO FL 32806TITLE P ☐ Delete
NAME WEST SCOTT AMD
STREET ADDRESS 77 UNDERWOOD ST 3RD FL
CITY-ST-ZIP ORLANDO FL 32806TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE V ☒ Change ☐ Addition
NAME STANTON SEAN P
STREET ADDRESS 5401 S. KIRKMAN RD SUITE 480
CITY-ST-ZIP ORLANDO FL 32819TITLE P ☒ Change ☐ Addition
NAME WEST SCOTT AMD
STREET ADDRESS 5401 S. KIRKMAN RD SUITE 480
CITY-ST-ZIP ORLANDO FL 32819TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: SCOTT A. WEST MD

P

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)