

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000028038

**FILED**  
**Jun 15, 2011**  
**Secretary of State**

**Entity Name:** BROWARD PSYCHIATRIC SERVICES, INC.

**Current Principal Place of Business:**

4600 SHERIDAN STREET  
#400  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

4600 SHERIDAN STREET  
#400  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 65-0737389

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SABRA, RICHARD B  
4600 SHERIDAN STREET  
#400  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

SABRA, RICHARD B  
3860-A SHERIDAN STREET  
HOLLYWOOD, FL 33021 US

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: RICHARD B SABRA

06/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: DRUCKER, DEBRA M  
Address: 4600 SHERIDAN STREET, #400  
City-St-Zip: HOLLYWOOD, FL 33021

Title: DR  
Name: SHEPARD-SMITH, ABBEY P  
Address: 4600 SHERIDAN STREET, #400  
City-St-Zip: HOLLYWOOD, FL 33021

Title: DR  
Name: NITZBERG SABRA, LAURIE  
Address: 4600 SHERIDAN STREET, #400  
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA DRUCKER

MD

06/15/2011

Electronic Signature of Signing Officer or Director

Date