

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098238

1. Entity Name
PSYCH & MED, CORP.

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

05-16-2001 90401 026 ***150.00

Principal Place of Business

361 N.W. 122ND AVENUE
MIAMI FL 33182

Mailing Address

361 N.W. 122ND AVENUE
MIAMI FL 33182

00054425



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6465 S.W. 8th St

3. Mailing Address

361 N.W. 122 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0795886

Applied For

Not Applicable

Zip

Country

33144

USA

Zip

Country

33182

USA

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, OLGA N
361 N.W. 122ND AVENUE
MIAMI FL 33182

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

OLGA NAVARRO-RODRIGUEZ M.D.

Olga Navarro-Rodriguez

5/1/01

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, 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 ☐ Delete
NAME P
STREET ADDRESS RODRIGUEZ, OLGA N
CITY-ST-ZIP 361 NW 122 AVE
MIAMI FL 33182

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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:

OLGA NAVARRO-RODRIGUEZ M.D.

Olga Navarro-Rodriguez

Date

Daytime Phone #

5/1/01 (305) 269-5141

CR2E034 (10/00)