

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013312

1. Entity Name

COMPREHENSIVE MEDPSYCH SYSTEMS, INC.

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90129 028 \*\*\*150.00

Principal Place of Business

Mailing Address

% SARASOTA MEMORIAL HOSPITAL  
1700 S. TAMiami TRAIL  
SARASOTA FL 34239  
US

% SARASOTA MEMORIAL HOSPITAL  
1036 S. ORANGE AVE  
SARASOTA FL 34236  
US

2. Principal Place of Business

1229 S. Tamiami Trail

3. Mailing Address

1229 S. Orange

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34239

Country

USA

Zip

34239

Country

USA

4. FEI Number 65-0812381

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KANTER, GEOFFREY DR.  
1036 S. ORANGE AVENUE  
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Kanter, Geoffrey Dr. (not changed)

Street Address (P.O. Box Number is Not Acceptable)

1229 S. Tamiami Trail

City

Sarasota

FL

Zip Code

34239

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, 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

TITLE **D** ☐ Delete  
NAME **KANTER, GEOFFREY DR.**  
STREET ADDRESS **1036 SOUTH ORANGE AVENUE**  
CITY-ST-ZIP **SARASOTA FL 35423**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Geoffrey Kanter

Date

1/1/01

Daytime Phone #

941-363-0868

CR2E034 (10/00)

0545359