

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 03, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000001157**1. Entity Name
GAINESVILLE PSYCHIATRIC COUNSELING ASSOCIATES, P.A.

Principal Place of Business

2531 NW 41ST ST STE A-3

GAINESVILLE
32606

FL

Mailing Address

P. O. BOX 90117

GAINESVILLE
32607

FL

2. Principal Place of Business

2630 NW 41ST STREET

Suite, Apt. #, etc.
D-2City & State
GAINESVILLE

FL

Zip
32606

Country

3. Mailing Address

P. O. BOX 14487

Suite, Apt. #, etc.

City & State
HUNTSVILLE

AL

Zip
35815

Country

4. FEI Number

59-3554569

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KRUEGER SCOTT D
2790 NW 43RD ST., SUITE 200GAINESVILLE
32606

US

FL

7. Name and Address of New Registered Agent

Name

LLINAS JOSEPH F

Street Address (P.O. Box Number is Not Acceptable)
2630 NW 41ST STREET

D-2

City
GAINESVILLE

FL

Zip Code
32606

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 **JOSEPH F. LLINAS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/03/2001

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	VPT	<input type="checkbox"/> Delete
NAME	LLINAS TERRI D	
STREET ADDRESS	3925 NW 32ND PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	LLINAS JOSEPH F	
STREET ADDRESS	3925 NW 32ND PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLINAS TERRI D	
STREET ADDRESS	PO BOX 14487	
CITY-ST-ZIP	HUNTSVILLE AL 35815	
TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLINAS JOSEPH F	
STREET ADDRESS	PO BOX 14487	
CITY-ST-ZIP	HUNTSVILLE AL 35815	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **JOSEPH F. LLINAS**

PSD

04/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)