

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024724

1. Entity Name

PSI HEALTH SERVICES, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90116 016 ***150.00

Principal Place of Business **302A** Mailing Address **302A**
C/O 100 LINTON TOWERS, SUITE **152A** C/O 100 LINTON TOWERS, SUITE **152A**
DELRAY BEACH FL **33444** DELRAY BEACH FL **33444**
33483 **33483**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **100 Linton Tower** 3. Mailing Address **100 Linton Towers**
Suite, Apt. #, etc. **Suite 302 A** Suite, Apt. #, etc. **Suite 302 A**

City & State **Delray Beach, FL** City & State **Delray Beach, FL**
Zip **33483** Country **USA** Zip **33483** Country **USA**

FBI Number **65-0904536** Applied For ☐ Not Applicable ☐
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

DIBBLE, JAMES M
100 LINTON TOWERS, SUITE ~~152A~~ 302A
DELRAY BEACH FL 33444

Name
Street Address (P.O. Box Number is Not Acceptable)
100 LINTON BLVD
SUITE # 302A
City **Delray Beach** FL **33483**

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSD	DIBBLE, JAMES M	722 N.W. 8TH COURT	BOYNTON BEACH FL 33426	<input type="checkbox"/>
VPTD	COOPER, SYLVIA	10780 MADISON DRIVE	BOYNTON BEACH FL 33437	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

PSI Health Services Inc.
Sylvia Cooper, V.P./CEO

2/3/00 (561) 272-1905

CR2E034 (9/99)