

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S28877

1. Entity Name

POINT NEUROPSYCHIATRY, P.A.

Principal Place of Business

Mailing Address

2900 S.E. DUNE DRIVE
STUART FL 34996

2900 S.E. DUNE DRIVE
STUART FL 34996-4935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0230191

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

BERSON, HAROLD E.
2900 S.E. DUNE DRIVE
STUART FL 34996

Name FLORENCE BERSON
Street Address (P.O. Box Number is Not Acceptable)
2900 SE DUNE DRIVE
City STUART FL Zip Code 34996

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 *Florence Berson*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/00

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	P	BERSON, HAROLD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2900 SE DUNE DR		NAME		
ST-ZIP		STUART FL		STREET ADDRESS		
				CITY-ST-ZIP		
TITLE	S	BERSON, FLORENCE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2900 SE DUNE DR		NAME		
ST-ZIP		STUART FL		STREET ADDRESS		
				CITY-ST-ZIP		
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				NAME		
ST-ZIP				STREET ADDRESS		
				CITY-ST-ZIP		
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				NAME		
ST-ZIP				STREET ADDRESS		
				CITY-ST-ZIP		
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ST-ZIP				STREET ADDRESS		
				CITY-ST-ZIP		
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				NAME		
ST-ZIP				STREET ADDRESS		
				CITY-ST-ZIP		

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: *Florence Berson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00
Date

Daytime Phone #

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90109 043 ***150.00

901008



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)