

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S61068

1. Entity Name

HUGHES FAMILY PSYCHIATRY CENTER, P.A.

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90054 008 ***150.00

Principal Place of Business

2801 PONCE DE LEON BLVD
#430
CORAL GABLES FL 33134
US

Mailing Address

2801 PONCE DE LEON BLVD
#430
CORAL GABLES FL 33134
US

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 65-0274759

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

PINCHASIK, MARK
PINCHASIK, STRONGIN ET AL
3225 AVIATION AVE., STE. 500
MIAMI FL 33133

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
HUGHES, MICHAEL
3225 AVIATION AVE, SUITE 300
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
Hughes, Michael
2801 Ponce de Leon Blvd #430
Coral Gables, FL 33134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
HUGHES, MICHAEL
3225 AVIATION AVE, SUITE 300
MIAMI FL ☐ Delete

TITLE
NAME
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CITY-ST-ZIP
T
Hughes, Michael
2801 Ponce de Leon Blvd #430
Coral Gables, FL 33134 ☒ Change ☐ Addition

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☐ Delete

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

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

Michael Hughes, M.D.

2/26/01

Date

Daytime Phone #

305
5699998

CR2E034 (10/00)