

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S94946**1. Entity Name
PEMBROKE PAVILION PSYCHIATRIC ASSOCIATES, INC.**FILED**
Aug 01, 2002 8:00 am
Secretary of State

03-12-2002 91005 040 ***150.00

003031 AV

Principal Place of Business
**1000 N. HIATUS RD.
STE 160
PEMBROKE PINES FL 33026
US**Mailing Address
**1000 N. HIATUS RD.
STE 160
PEMBROKE PINES FL 33026
US****40382**

DO NOT WRITE IN THIS SPACE

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 65-0310308		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ABRAHAM FLEMENBAUM, M.D. 1000 N. HIATUS ROAD SUITE 160 PEMBROKE PINES FL 33026		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLEMENBAUM, A. M.D. 12251 TAFT ST., #303 PEMBROKE PINES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

7/22/02 919 431 9836

CR2E034 (4/02)



Attachment

40382

PEMBROKE PAVILION PSYCHIATRIC ASSOC.
ABRAHAM FLEMENBAUM, M.D., F.A.P.A.

1000 N. HIATUS ROAD, SUITE 160
PEMBROKE PINES, FL 33026
TELEPHONE: (954) 431-9838
FAX: (954) 433-7066

4900 W. OAKLAND PARK BLVD., SUITE 201
LAUDERDALE LAKES, FL 33313
TELEPHONE: (954) 735-2100
FAX: (954) 486-4419

July 22, 2002

Florida Department of State
Division of Corporation
Katherine Harris
Secretary of State
P.O. Box 6327
Tallahassee, FL 32314

RE: PEMBROKE PAVILION PSYCHIATRIC ASSOC.
65-0310308 Document S94946

Dear Ms. Harris:

Pursuant the conversation between my accountant Mr. Samuel Koltun and yourself, I am advising you that I never received any notices about the corporation annual report not being sign.

I sent the report back in March along with a check which was cashed, and I assumed all was well.

Enclosed please find a sign report, hoping this will be sufficient for your needs.

Sincerely,

Abraham Flemenbaum, M.D., F.A.P.A.

AF/sjk