

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90225 048 \*\*\*150.00

DOCUMENT # **V48038**

1. Entity Name **ACCESS BEHAVIORAL CARE ASSOCIATES, P.A.**

Principal Place of Business Mailing Address  
**7232 SAND LAKE ROAD** **SAME**  
**STE 302**  
**ORLANDO, FL 32819-5255 (US)**

**C0041465**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3130957** Applied For Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AUSTIN, WILLIAM W.**  
**8587 BANYAN BLVD**  
**ORLANDO, FL 32819**

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 \_\_\_\_\_ (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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<b>AUSTIN, WILLIAM W.</b> <input type="checkbox"/> Delete		
STREET ADDRESS	<b>8587 BANYAN BLVD.</b>		
CITY-ST-ZIP	<b>ORLANDO, FL 32819</b>		
	<b>PST</b> <input type="checkbox"/> Delete		
STREET ADDRESS	<b>AUSTIN, WILLIAM W.</b>		
CITY-ST-ZIP	<b>8587 BANYAN BLVD</b>		
	<b>ORLANDO, FL 32819</b> <input type="checkbox"/> Delete		

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: **William W. Austin** Date: **2/22/01** Daytime Phone # \_\_\_\_\_

CR2E034 (11/00)