

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H77106

FILED
Jul 01, 2004
Secretary of State

Entity Name: BOCA RATON PSYCHIATRIC GROUP, P.A.

Current Principal Place of Business:

7284 W PALMETTO PK RD
#201 S
BOCA RATON, FL 334333401

Current Mailing Address:

7284 W PALMETTO PK RD
#201 S
BOCA RATON, FL 334333401

FEI Number: 59-2616959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

7284 W PALMETTO PK RD
#201
BOCA RATON, FL 334333401

New Mailing Address:

7284 W PALMETTO PK RD
#201
BOCA RATON, FL 334333401

Name and Address of Current Registered Agent:

HOLLAND, PETER J.
7284 W PALMETTO PK RD
SUITE 201 S
BOCA RATON, FL 334330401

Name and Address of New Registered Agent:

SAMUEL, ROGER Z.
7284 W PALMETTO PK RD
SUITE 201
BOCA RATON, FL 334330401

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: ROGER Z. SAMUEL, M.D.

07/01/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOLLAND, PETER J.,
Address: 7284 W PALMETTO PK RD STE 2015
City-St-Zip: BOCA RATON, FL 33433

Title: VP () Delete
Name: HOLLAND, DONNA S,
Address: 7284 W PALMETTO PK RD STE 2015
City-St-Zip: BOCA RATON, FL 33433

Title: TR () Delete
Name: SAMUEL, ROGER Z.
Address: 7284 W PALMETTO PK RD STE 2015
City-St-Zip: BOCA RATON, FL 33433

Title: SD () Delete
Name: FELDMAN, BRIAN J
Address: 7284 W PALMETTO PK RD STE 2015
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SAMUEL, ROGER Z M.D.
Address: 7284 W PALMETTO PK RD STE 201
City-St-Zip: BOCA RATON, FL 33433

Title: VP (X) Change () Addition
Name: FELDMAN, BRIAN J M.D.
Address: 7284 W PALMETTO PK RD STE 201
City-St-Zip: BOCA RATON, FL 33433

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER Z. SAMUEL, M.D.

PD

07/01/2004

Electronic Signature of Signing Officer or Director

Date