

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H77106

FILED
Jul 05, 2007
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2616959 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: TR () Delete
Name: SAMUEL, ROGER Z.
Address: 7284 W PALMETTO PK RD STE 201
City-St-Zip: BOCA RATON, FL 33433

Title: SD () Delete
Name: FELDMAN, BRIAN J
Address: 7284 W PALMETTO PK RD STE 201
City-St-Zip: BOCA RATON, FL 33433

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: VP () Change (X) Addition
Name: LICHTSHEIN, GIL
Address: 7284 WEST PALMETTO PARK ROAD SUITE 201
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

PD

07/05/2007

Electronic Signature of Signing Officer or Director

_____ Date