

H77106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

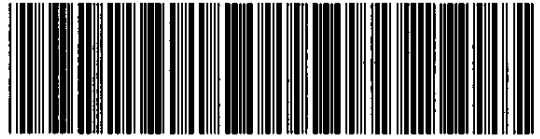
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Reg address change

06/15/09--01024--011 **35.00

2009 JUN 15 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*DOE
6/17/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Boca Raton Psychiatric Group, PA
Name of Corporation

DOCUMENT NUMBER: H77106

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Lynda Rowlands
Name of Contact Person

Boca Raton Psychiatric Group
Firm/Company

7200 West Camino Real, Suite 215
Address

Boca Raton, Florida, 33433
City/State and Zip Code

bocapsych@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynda Rowlands at (561) 368 8998
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Boca Raton Psychiatric Group, PA
- 2. The principal office address: 7200 West Camino Real, Suite 215, Boca Raton, Florida, 33433
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/20/1985 Document number: H77106

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Roger Z. Samuel, M.D.
7284 West Palmetto Park Road, Suite 201,
Boca Raton, Florida 33433

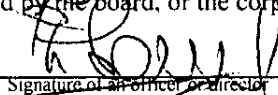
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Roger Z Samuel, M.D.
7200 West Camino Real, Suite 215,
P.O. Box NOT acceptable
Boca Raton, Florida, 33433

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TALLAHASSEE, FLORIDA

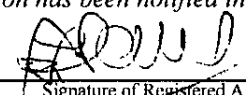
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Roger Z. Samuel, President/Director
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

June 11th, 2009
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314