

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H77106

FILED
Jan 17, 2012
Secretary of State

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

Current Principal Place of Business:

7200 WEST CAMINO REAL,
STE 215
BOCA RATON, FL 33434 1

New Principal Place of Business:

7200 WEST CAMINO REAL,
STE 215
BOCA RATON, FL 33433 1

Current Mailing Address:

7200 WEST CAMINO REAL,
STE 215
BOCA RATON, FL 33434 1

New Mailing Address:

7200 WEST CAMINO REAL,
STE 215
BOCA RATON, FL 33433 1

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
7200 WEST CAMINO REAL
SUITE 215
BOCA RATON, FL 33433 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

OFFICERS AND DIRECTORS:

Title: PD
Name: SAMUEL, ROGER Z M.D.
Address: 7200 WEST CAMINO REAL, SUITE 215
City-St-Zip: BOCA RATON, FL 33433

Title: VP
Name: FELDMAN, BRIAN J M.D.
Address: 7200 WEST CAMINO REAL, SUITE 215
City-St-Zip: BOCA RATON, FL 33433

Title: TR
Name: SAMUEL, ROGER Z
Address: 7200 WEST CAMINO REAL, SUITE 215
City-St-Zip: BOCA RATON, FL 33433

Title: SD
Name: FELDMAN, BRIAN J
Address: 7200 WEST CAMINO REAL, SUITE 215
City-St-Zip: BOCA RATON, FL 33433

I hereby 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 all other like empowered.

SIGNATURE: SAMUEL, ROGER, Z., M.D.

PD

01/17/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date