

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000039481

FILED
Apr 04, 2008
Secretary of State

Entity Name: WEST PSYCHIATRIC ASSOCIATES, P.A.

Current Principal Place of Business:

600 HIATUS RD. SUITE 201
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

600 HIATUS RD. SUITE 201
PEMBROKE PINES, FL 33026

New Mailing Address:

PO BOX 821237
PEMBROKE PINES, FL 33082

FEI Number: 65-1001480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAEZ, SAYONARA MD
6440 HURON TERRACE
DAVIE, FL 33331 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: MD () Delete
Name: SAYONARA, BAEZ
Address: 6440 HURON TERRACE
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SAYONARA BAEZ

MD

04/04/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date