

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000039481

**FILED**  
**Mar 30, 2010**  
**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:**

PO BOX 821237  
PEMBROKE PINES, FL 33082

**New Mailing Address:**

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  
600 NORTH HIATUS ROAD SUITE 201  
PEMBROKE PINES, 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  
Name: SAYONARA, BAEZ  
Address: 600 NORTH HIATUS SUITE 201  
City-St-Zip: PEMBROKE PINES, FL 33026

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: SAYONARA BAEZ

OWNE

03/30/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date