

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000116930 1. Entity Name ACADIA NEURO-BEHAVIORAL CENTER, P.A.	
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Principal Place of Business 17913 NW 7TH 104 PEMBROKE PINES FL 33029	Mailing Address 17913 NW 7TH 104 PEMBROKE PINES FL 33029
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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MOORE CR2E034 (11/03)

4. FEI Number 65-1045636	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DOUYON, RICHARD MD ACADIA NEURO-BEHAVIORAL ASSOCIATES, PA 777 17TH STREET, SUITE 301 MIAMI BEACH FL	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOUYON, RICARD MD 777 17TH STREET SUITE 301 MIAMI BEACH FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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02/06/04-80073-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **2/3/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #