


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90026 042 ***150.00

DOCUMENT # P04000073979			
1. Entity Name ADVANCED PSYCHIATRY, P.A.			
Principal Place of Business 2519 MCMULLEN BOOTH ROAD SUITE 510-255 CLEARWATER, FL 33761 US		Mailing Address 2519 MCMULLEN BOOTH ROAD SUITE 510-255 CLEARWATER, FL 33761 US	
2. Principal Place of Business <i>2631 MCCORMICK DR.</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>SUITE 103</i>		Suite, Apt. #, etc.	
City & State <i>CLEARWATER, FL</i>		City & State	
Zip <i>33759</i>	Country <i>USA</i>	Zip	Country
6...Name and Address of Current Registered Agent DEWAN, NAAKESH 2519 MCMULLEN BOOTH ROAD SUITE 510-255 CLEARWATER, FL 33761		4. FEI Number <i>20-1151990</i>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		03232005 Chg-P CR2E034 (10/03)	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEWAN, NAAKESH 2519 MCMULLEN BOOTH ROAD, SUITE 510-255 CLEARWATER, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEWAN, NAAKESH 2519 MCMULLEN BOOTH ROAD, SUITE 510-255 CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>NAAKESH DEWAN</i>		Date: <i>3/24/05</i> Daytime Phone #: <i>727-723-0779</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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