

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000073979

FILED
Feb 15, 2007
Secretary of State

Entity Name: ADVANCED PSYCHIATRY, P.A.

Current Principal Place of Business:

2631 MCCORMICK DR
SUITE 103
CLEARWATER, FL 33759 US

New Principal Place of Business:

2623 MCCORMICK DR
SUITE 102
CLEARWATER, FL 33759 US

Current Mailing Address:

2519 MCMULLEN BOOTH ROAD
SUITE 510-255
CLEARWATER, FL 33761 US

New Mailing Address:

FEI Number: 20-1151990 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEWAN, NAAKESH
2519 MCMULLEN BOOTH ROAD
SUITE 510-255
CLEARWATER, FL 33761 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: P () Delete
Name: DEWAN, NAAKESH
Address: 2519 MCMULLEN BOOTH ROAD, SUITE 510-255
City-St-Zip: CLEARWATER, FL 33716 US

Title: S () Delete
Name: DEWAN, NAAKESH
Address: 2519 MCMULLEN BOOTH ROAD, SUITE 510-255
City-St-Zip: CLEARWATER, FL 33761 US

Title: T () Delete
Name: DEWAN, NAAKESH
Address: 2519 MCMULLEN BOOTH ROAD, SUITE 510-255
City-St-Zip: CLEARWATER, FL 33716 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NAAKESH DEWAN

P

02/15/2007

Electronic Signature of Signing Officer or Director

_____ Date