

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000073979

FILED
Apr 19, 2011
Secretary of State

Entity Name: ADVANCED PSYCHIATRY, P.A.

Current Principal Place of Business:

2623 MCCORMICK DR
SUITE 102
CLEARWATER, FL 33761 US

New Principal Place of Business:

Current Mailing Address:

2519 MCMULLEN BOOTH ROAD
SUITE 510-255
CLEARWATER, FL 33759 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 33759 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

OFFICERS AND DIRECTORS:

Title: P
Name: DEWAN, NAAKESH PH.D.
Address: 2519 MCMULLEN BOOTH ROAD, SUITE 510-255
City-St-Zip: CLEARWATER, FL 33759 US

Title: S
Name: DEWAN, NAAKESH PH.D.
Address: 2519 MCMULLEN BOOTH ROAD, SUITE 510-255
City-St-Zip: CLEARWATER, FL 33759 US

Title: T
Name: DEWAN, NAAKESH PH.D.
Address: 2519 MCMULLEN BOOTH ROAD, SUITE 510-255
City-St-Zip: CLEARWATER, FL 33759 US

Title: D
Name: DEWAN, NAAKESH PH.D.
Address: 2519 MCMULLEN BOOTH ROAD, SUITE 510-255
City-St-Zip: CLEARWATER, FL 33759 US

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: NAAKESH DEWAN, PH.D.

P

04/19/2011

Electronic Signature of Signing Officer or Director

Date