
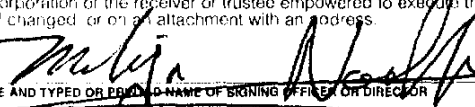


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 14 1997 8:00am
Secretary of State

		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
PROFIT CORPORATION ANNUAL REPORT 1997			
DOCUMENT # P92000013190 1. Corporation Name ADVANCED PSYCHIATRIC GROUP, P.A.			
Principal Place of Business 417 E. Jackson Street Orlando, Fl. 32801		Mailing Address 417 E. Jackson Street Orlando, Fl. 32801	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 12/18/92		3a. Date of Last Report 04/11/96	
4. FEI Number 59-3158418		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent Morteza Nadjafi, M.D. P.A. 417 E. Jackson Street Orlando, Fl. 32801		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
1. TITLE <input type="checkbox"/> DELETE President 2. NAME Morteza Nadjafi, M.D., 3. STREET ADDRESS 417 E. Jackson Street 4. CITY-ST-ZIP Orlando, Fl. 32801			
5. TITLE <input type="checkbox"/> DELETE 6. NAME 7. STREET ADDRESS 8. CITY-ST-ZIP			
9. TITLE <input type="checkbox"/> DELETE 10. NAME 11. STREET ADDRESS 12. CITY-ST-ZIP			
13. TITLE <input type="checkbox"/> DELETE 14. NAME 15. STREET ADDRESS 16. CITY-ST-ZIP			
17. TITLE <input type="checkbox"/> DELETE 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP			
21. TITLE <input type="checkbox"/> DELETE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP			
25. TITLE <input type="checkbox"/> DELETE 26. NAME 27. STREET ADDRESS 28. CITY-ST-ZIP			
29. TITLE <input type="checkbox"/> DELETE 30. NAME 31. STREET ADDRESS 32. CITY-ST-ZIP			
33. TITLE <input type="checkbox"/> DELETE 34. NAME 35. STREET ADDRESS 36. CITY-ST-ZIP			
37. TITLE <input type="checkbox"/> DELETE 38. NAME 39. STREET ADDRESS 40. CITY-ST-ZIP			
41. TITLE <input type="checkbox"/> DELETE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP			
45. TITLE <input type="checkbox"/> DELETE 46. NAME 47. STREET ADDRESS 48. CITY-ST-ZIP			
49. TITLE <input type="checkbox"/> DELETE 50. NAME 51. STREET ADDRESS 52. CITY-ST-ZIP			
53. TITLE <input type="checkbox"/> DELETE 54. NAME 55. STREET ADDRESS 56. CITY-ST-ZIP			
57. TITLE <input type="checkbox"/> DELETE 58. NAME 59. STREET ADDRESS 60. CITY-ST-ZIP			
61. TITLE <input type="checkbox"/> DELETE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP			
65. TITLE <input type="checkbox"/> DELETE 66. NAME 67. STREET ADDRESS 68. CITY-ST-ZIP			
69. TITLE <input type="checkbox"/> DELETE 70. NAME 71. STREET ADDRESS 72. CITY-ST-ZIP			
73. TITLE <input type="checkbox"/> DELETE 74. NAME 75. STREET ADDRESS 76. CITY-ST-ZIP			
77. TITLE <input type="checkbox"/> DELETE 78. NAME 79. STREET ADDRESS 80. CITY-ST-ZIP			
81. TITLE <input type="checkbox"/> DELETE 82. NAME 83. STREET ADDRESS 84. CITY-ST-ZIP			
85. TITLE <input type="checkbox"/> DELETE 86. NAME 87. STREET ADDRESS 88. CITY-ST-ZIP			
89. TITLE <input type="checkbox"/> DELETE 90. NAME 91. STREET ADDRESS 92. CITY-ST-ZIP			
93. TITLE <input type="checkbox"/> DELETE 94. NAME 95. STREET ADDRESS 96. CITY-ST-ZIP			
97. TITLE <input type="checkbox"/> DELETE 98. NAME 99. STREET ADDRESS 100. CITY-ST-ZIP			
14. I do 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 included on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: 		4-7-97 407-423-7149	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)