PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P92000013190

1. Corporation Name

ADVANCED PSYCHIATRIC GROUP, P.A.

Principal Place	e of Business	Mailing Address			1 100 tides mar contentrate marin anthi anthi ant		10111 0011 1001
417 E JACKSON STREET ORLANDO FL 32801 417 E JACKSON STREET ORLANDO FL 32801							
US . US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed]
	•				12/18/1992		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Apı	plied For
21		26			59-31 <u>58418</u>	No	t Applicable
== Suite, Apt,	#:etc ======	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27					·
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country 25	Zip 29 30	Country		This corporation owes the current year Personal Property Tax.		□No
24	9. Name and Address of Curren	<u> </u>	·		10. Name and Address of New Registers	d Agent	
• · · · · ·	3, Italie and Address of Control		81	Name			
	JAFI, HEIDI		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
417 E JACKSON STREET ORLANDO FL 32801							
Ond	, , , , , , , , , , , , , , , , , , ,		83				
	3 1		84	City	F	L 85 Zip C	Code
44 Dumuent	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes 1	the above	named com	protion aubmits this statement for the nurness	of changing its	registered
office or n	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was autho	nized by	the corporation	on's board of directors. I hereby accept the app	ointment as reg	gistered
office or n	egistered agent, or both, in the State on the manager of the obligation of the colligation of the colligation of the colligation of the colligation of the collins of the c	of Florida. Such change was autho tions of, Section 607.0505, Florida	Statutes	the corporation.	on's board of directors. I hereby accept the app	ointment as reg	gistered
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14. 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 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

LOUIRED

☐ DELETE

☐ Change

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90067 005 ***150.00

Addition