

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000013190

FILED
Feb 11, 2009
Secretary of State

Entity Name: ADVANCED PSYCHIATRIC GROUP, P.A.

Current Principal Place of Business:

417 E JACKSON STREET
ORLANDO, FL 32801 US

New Principal Place of Business:

736 N. MAGNOLIA AVE
ORLANDO, FL 32803 US

Current Mailing Address:

417 E JACKSON STREET
ORLANDO, FL 32801 US

New Mailing Address:

736 N. MAGNOLIA AVE
ORLANDO, FL 32803 US

FEI Number: 59-3158418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NADJAFI, HEIDI
417 E JACKSON STREET
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

NADJAFI, HEIDI
736 N. MAGNOLIA AVE
ORLANDO, FL 32803 US

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: _____

02/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: NADJAFI, MORTEZA M.D.
Address: 417 E JACKSON STREET
City-St-Zip: ORLANDO, FL 32801 US

Title: P () Delete
Name: NADJAFI, HEIDI N
Address: 417 E JACKSON STREET
City-St-Zip: ORLANDO, FL 32801 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: NADJAFI, MORTEZA M.D.
Address: 736 N. MAGNOLIA AVE
City-St-Zip: ORLANDO, FL 32803 US

Title: P (X) Change () Addition
Name: NADJAFI, HEIDI N
Address: 736 N. MAGNOLIA AVE
City-St-Zip: ORLANDO, FL 32803 US

I hereby certify that the information supplied with this filing does not qualify 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: HEIDI NADJAFI

CFO

02/11/2009

Electronic Signature of Signing Officer or Director

Date