

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000031368

1. Entity Name
PSYCHIATRIC ASSOCIATES, P.A.



Principal Place of Business
1543 KINGSLEY AVENUE
BUILDING 14
ORANGE PARK, FL 32073

Mailing Address
1543 KINGSLEY AVENUE
BUILDING 14
ORANGE PARK, FL 32073



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3569719

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE
SUITE 115
JACKSONVILLE, FL 32204

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
PDM
LARSON, JAMES L MD
STREET ADDRESS
1543 KINGSLEY AVENUE, BUILDING 14
CITY-ST-ZIP
ORANGE PARK, FL 32073

TITLE
NAME
S
LARSON, LANAH W
STREET ADDRESS
1543 KINGSLEY AVENUE, BUILDING 14
CITY-ST-ZIP
ORANGE PARK, FL 32073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

1000000379141
01/10/06-80011-004 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lanah W Larson LANAH W LARSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-06 9042646977

Date Daytime Phone #