## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S86703

FILED
Jul 12, 2007
Secretary of State

Entity Name: ACADIA MEDICAL CENTER, P.A.

Current P	rincipal Plac	ce of Business:	New Principal Place o	of Business:
19503 NW	57TH AVE			
4 MIAMI, FL	33055 U	S		
Current M	lailing Addr	ess:	New Mailing Address	:
19503 NW	/ 57 AVE			
A MIAMI, FL	33055 U	S		
FEI Number	: 65-0303581	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
BIEN-AIMI 19503 NW				
ч МIAMI, FL	33055 US			
The above		y submits this statement for the	purpose of changing its registered	I office or registered agent, or both,
The above in the State	e named entit e of Florida.	y submits this statement for the	purpose of changing its registered	l office or registered agent, or both,
The above in the State	e named entit e of Florida. RE:	y submits this statement for the onic Signature of Registered A		I office or registered agent, or both,  Date
The above in the State SIGNATUI in accordan	e named entit e of Florida. RE:Electronice with s. 607.	onic Signature of Registered Ao	gent	
The above in the State SIGNATU in accordan Election Cal	e named entit e of Florida. RE:Electronice with s. 607.	onic Signature of Registered Ao 193(2)(b), F.S., the corporation did r ing Trust Fund Contribution().	gent not receive the prior notice.	
The above in the State SIGNATU in accordan Election Cal	e named entit e of Florida.  RE:	onic Signature of Registered Ag 193(2)(b), F.S., the corporation did r ing Trust Fund Contribution ( ). CCTORS: ( ) Delete FONY 7 AVE, SUITE A	gent not receive the prior notice.  ADDITIONS/CHANGE	Date

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: ELIZABETH DARTIGUE S 07/12/2007