# I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

### SIGNATURE: DR. ZIGMUND ZIEGLER COHEN

Electronic Signature of Signing Officer/Director Detail

# 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000011341

#### Entity Name: AMERICAN COLLEGE OF PSYCHIATRY INC.

#### Current Principal Place of Business:

MOUNT ZION 14166 14166 JERUSALEM, 91411100

#### **Current Mailing Address:**

MOUNT ZION 14166 14166 JERUSALEM, 91411100 IL

#### FEI Number: 81-2236507

#### Name and Address of Current Registered Agent:

RODRIGUES, ANDRES SR. 150 SE 2ND AVENUE 1110 MIAMI, FL 33131 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:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	Р	Title	VP,
Name	ZIGMUND, COHEN ZIEGLER DR.	Name	COHEN, ROBERTO DR.
Address	MOUNT ZION 14166	Address	MOUNT ZION 14166
City-State-Zip:	14166 JERUSALEM 91411100	City-State-Zip:	JERUSALEM IL 91114-1
Title	DR.		
Name	ZIEGLER, BERNICE DR.		
Address	MOUNT ZION 14166		
City-State-Zip:	JERUSALEM 91411100		

## FILED Apr 06, 2017 Secretary of State CC2442507767

Certificate of Status Desired: Yes

04/06/2017

Date

Date