

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H77106

**Entity Name:** BOCA RATON PSYCHIATRIC GROUP, P.A.

**Current Principal Place of Business:**

7100 WEST CAMINO REAL  
STE. 401  
BOCA RATON, FL 33433

**Current Mailing Address:**

7100 WEST CAMINO REAL  
STE. 401  
BOCA RATON, FL 33433 US

**FEI Number:** 59-2616959

**Certificate of Status Desired:** No

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

SAMUEL, ROGER Z.  
7100 WEST CAMINO REAL  
STE. 401  
BOCA RATON, FL 33433 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:** ROGER Z SAMUEL

04/17/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name FELDMAN, BRIAN J.  
Address 7100 WEST CAMINO REAL  
STE. 401  
City-State-Zip: BOCA RATON FL 33433

Title TR, DIR  
Name SAMUEL, ROGER Z.  
Address 7100 WEST CAMINO REAL  
STE. 401  
City-State-Zip: BOCA RATON FL 33433

Title SD  
Name FELDMAN, BRIAN J.  
Address 7100 WEST CAMINO REAL  
STE. 401  
City-State-Zip: BOCA RATON FL 33433

Title PRESIDENT  
Name ROGER Z SAMUEL  
Address 7100 WEST CAMINO REAL  
STE. 401  
City-State-Zip: BOCA RATON FL 33433

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROGER Z SAMUEL

**DIRECTOR**

04/17/2021

Electronic Signature of Signing Officer/Director Detail

Date