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, M.D.

Electronic Signature of Signing Officer/Director Detail

DIRECTOR

SIGNATURE:

Officer/Director Detail :			
Title	VP	Title	TR
Name	FELDMAN, BRIAN JM.D.	Name	SAMUEL, ROGER Z
Address	7200 WEST CAMINO REAL, SUITE 215	Address	7200 WEST CAMINO REAL, SUITE 215
City-State-Zip:	BOCA RATON FL 33433	City-State-Zip:	BOCA RATON FL 33433
Title	SD		
Name	FELDMAN, BRIAN J		
Address	7200 WEST CAMINO REAL, SUITE 215		
City-State-Zip:	BOCA RATON FL 33433		

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.

Name and Address of Current Registered Agent:

SAMUEL, ROGER Z 7200 WEST CAMINO REAL SUITE 215

BOCA RATON, FL 33433 US

Current Mailing Address:

Electronic Signature of Registered Agent

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

Current Principal Place of Business:

7200 WEST CAMINO REAL, STE 215 BOCA RATON, FL 33433

7200 WEST CAMINO REAL, STE 215 BOCA RATON, FL 33433

FEI Number: 59-2616959

Secretary of State CC7577006373

Certificate of Status Desired: No

FILED Mar 13, 2013

03/13/2013

Date