

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H77106

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-2616959**

**Certificate of Status Desired: No**

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

SAMUEL, ROGER Z  
7200 WEST CAMINO REAL  
SUITE 215  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           VP  
Name           FELDMAN, BRIAN JM.D.  
Address        7200 WEST CAMINO REAL, SUITE 215  
  
City-State-Zip: BOCA RATON FL 33433

Title           TR  
Name           SAMUEL, ROGER Z  
Address        7200 WEST CAMINO REAL, SUITE 215  
  
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

*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**

**01/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date