

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000073979

FILED
Mar 14, 2014
Secretary of State
CC1050570727

Entity Name: ADVANCED PSYCHIATRY, P.A.

Current Principal Place of Business:

2623 MCCORMICK DR
SUITE 102
CLEARWATER, FL 33761

Current Mailing Address:

2519 MCMULLEN BOOTH ROAD
SUITE 510-255
CLEARWATER, FL 33759 US

FEI Number: 20-1151990

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEWAN, NAAKESH
2519 MCMULLEN BOOTH ROAD
SUITE 510-255
CLEARWATER, FL 33759 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 P
Name DEWAN, NAAKESH PH.D.
Address 2519 MCMULLEN BOOTH ROAD,
SUITE 510-255
City-State-Zip: CLEARWATER FL 33759

Title S
Name DEWAN, NAAKESH PH.D.
Address 2519 MCMULLEN BOOTH ROAD,
SUITE 510-255
City-State-Zip: CLEARWATER FL 33759

Title T
Name DEWAN, NAAKESH PH.D.
Address 2519 MCMULLEN BOOTH ROAD,
SUITE 510-255
City-State-Zip: CLEARWATER FL 33759

Title D
Name DEWAN, NAAKESH PH.D.
Address 2519 MCMULLEN BOOTH ROAD,
SUITE 510-255
City-State-Zip: CLEARWATER FL 33759

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: CHERYL STACY ON BEHALF OF NAAKESH DEWAN

**AUTHORIZED
REPRESENTATIVE**

03/14/2014

Electronic Signature of Signing Officer/Director Detail

Date