

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000073979

**Entity Name:** ADVANCED PSYCHIATRY, P.A.

**Current Principal Place of Business:**

1516 CANOPY OAK BLVD  
PALM HARBOR, FL 34683

**Current Mailing Address:**

1516 CANOPY OAK BLVD  
PALM HARBOR, FL 34683 US

**FEI Number:** 20-1151990

**Certificate of Status Desired:** No

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

DEWAN, NAAKESH  
1516 CANOPY OAK BLVD  
PALM HARBOR, FL 34683 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 1516 CANOPY OAK BLVD  
City-State-Zip: PALM HARBOR FL 34683

Title S  
Name DEWAN, NAAKESH PH.D.  
Address 1516 CANOPY OAK BLVD  
City-State-Zip: PALM HARBOR FL 34683

Title T  
Name DEWAN, NAAKESH PH.D.  
Address 1561 CANOPY OAK BLVD  
City-State-Zip: PALM HARBOR FL 34683

Title D  
Name DEWAN, NAAKESH PH.D.  
Address 1516 CANOPY OAK BLVD  
City-State-Zip: PALM HARBOR FL 34683

*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:** NAAKESH DEWAN

**PRESIDENT**

**04/13/2015**

Electronic Signature of Signing Officer/Director Detail

Date