

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000013190

**Entity Name:** ADVANCED PSYCHIATRIC GROUP, P.A.

**Current Principal Place of Business:**

736 N. MAGNOLIA AVE  
ORLANDO, FL 32803

**Current Mailing Address:**

736 N. MAGNOLIA AVE  
ORLANDO, FL 32803 US

**FEI Number: 59-3158418**

**Certificate of Status Desired: No**

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

NADJAFI, HEIDI  
736 N. MAGNOLIA AVE  
ORLANDO, FL 32803 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           | ST                    | Title           | P                   |
| Name            | NADJAFI, MORTEZA M.D. | Name            | NADJAFI, HEIDI N    |
| Address         | 736 N. MAGNOLIA AVE   | Address         | 736 N. MAGNOLIA AVE |
| City-State-Zip: | ORLANDO FL 32803      | City-State-Zip: | ORLANDO FL 32803    |

*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: HEIDI NADJAFI**

**CEO**

**01/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date