

2019 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
Name NADJAFI, MORTEZA M.D.
Address 736 N. MAGNOLIA AVE
City-State-Zip: ORLANDO FL 32803

Title P
Name NADJAFI, HEIDI N
Address 736 N. MAGNOLIA AVE
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

FOC

02/12/2019

Electronic Signature of Signing Officer/Director Detail

Date