

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704949

FILED
Apr 26, 2005
Secretary of State

Entity Name: FLORIDA PSYCHIATRIC SOCIETY, A DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION, INC.

Current Principal Place of Business:

521 E. PARK AVENUE
TALLAHASSEE, FL 323019524

New Principal Place of Business:

Current Mailing Address:

521 E. PARK AVENUE
TALLAHASSEE, FL 323019524

New Mailing Address:

FEI Number: 59-1735183 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MARGO S. ADAMS
521 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: MILEY, FRED
Address: 2100 SE 17TH STREET, SUITE 203
City-St-Zip: OCALA, FL 34471

Title: PED () Delete
Name: CAMPO, ANNA MD
Address: PO BOX 016960 D-28 UMMHE
City-St-Zip: MIAMI, FL 33136

Title: SD () Delete
Name: TYSON, ANNE MD
Address: 202 LAKE MIRIAM DR STE W3
City-St-Zip: LAKELAND, FL 33813

Title: PD () Delete
Name: CAMPO, ANA MD
Address: PO BOX 016960 D-28
City-St-Zip: MIAMI, FL 33136

Title: PED (X) Delete
Name: MILEY, FRED
Address: 2100 SE 17TH ST. STE 202
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MILEY, FRED MD
Address: 2100 SE 17TH STREET, SUITE 203
City-St-Zip: OCALA, FL 34471

Title: PPD (X) Change () Addition
Name: CAMPO, ANNA MD
Address: PO BOX 016960 D-28 UMMHE
City-St-Zip: MIAMI, FL 33136

Title: SD (X) Change () Addition
Name: DE LA GANDARA, JOSE MD
Address: 2161 PALM BEACH LAKES BLVD, STE 215
City-St-Zip: WEST PALM BEACH, FL 33409

Title: PED (X) Change () Addition
Name: BAILEY, JOHN DO
Address: 2100 CENTERVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGO S. ADAMS

ED

04/26/2005

Electronic Signature of Signing Officer or Director

Date