2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# 707228

Entity Name: THE CHILDREN'S PSYCHIATRIC CENTER, INC.

Current Principal Place of Business:

15490 N.W. 7TH AVENUE
SUITE 200
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

15490 N.W. 7TH AVENUE
SUITE 200
MIAMI, FL 33169

New Mailing Address:

FEI Number: 59-0866060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOVELL, TERRY M
150 WEST FLAGLER STREET, SUITE 2200
MIAMI, FL 33130 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:	VP	( ) Delete
Name:	IRVING, BRUCE J ESQ.	
Address:	19134 FISHER ISLAND DRIVE	
City-St-Zip:	MIAMI, FL 33109	
Title:	T	( ) Delete
Name:	LOVELL, TERRY M ESQ.	
Address:	150 WEST FLAGLER STREET, SUITE 2200	
City-St-Zip:	MIAMI, FL 33130	
Title:	VP	( ) Delete
Name:	WILD, ESTELLE MRS.	
Address:	8600 S.W. 120TH STREET	
City-St-Zip:	MIAMI, FL 33156	
Title:	D	( ) Delete
Name:	FRUMKES, MELVIN ESQ	
Address:	100 N. BISCAYNE BLVD STE 1607	
City-St-Zip:	MIAMI, FL 33132	
Title:	S	( ) Delete
Name:	CONNOLLY, MICHAEL P	
Address:	11300 N.E. 2ND AVENUE	
City-St-Zip:	MIAMI, FL 33161	
Title:	P	( ) Delete
Name:	MAKAR, STEPHEN J,	
Address:	9130 S DADELAND #1400	
City-St-Zip:	MIAMI, FL 33156	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Chapter 119, 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: ROBERT D. NOLAN, PH.D. ED 01/03/2007

Electronic Signature of Signing Officer or Director — Date