

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90045 005 ***150.00

DOCUMENT # F71143

1. Entity Name
FLORIDA PSYCHIATRIC CONSULTANTS, P.A.



Principal Place of Business
**116 TIMBERLACHEN CIRCLE
SUITE 1005
LAKE MARY, FL 32746 US**

Mailing Address
**2207 EARLEAF COURT
LONGWOOD, FL 32779 US**

40000850



01042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

1301 S. International Parkway

Suite, Apt. #, etc.

Suite # 2021

3. Mailing Address

same mailing address

Suite, Apt. #, etc.

as above

City & State

Lake Mary, Florida

City & State

as above

Zip

32746

Country

U.S.A.

Zip

as above

Country

as above

4. FEI Number
59-2210288

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOLD, JAY C
2207 EARLEAF COURT
LONGWOOD, FL 32779**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JAY C. GOLD

JAY C. GOLD, MD, PRESIDENT

01/08/2007

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
GOLD, JAY C
2207 EARLEAF COURT
LONGWOOD, FL 32779** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with an other, if empowered.

SIGNATURE:

JAY C. GOLD

PRESIDENT

01/08/2007

Date

4073240464

Daytime Phone #