

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR).**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90317 040 \*\*\*150.00

**DOCUMENT # F78847**

1. Entity Name

ATLANTIC PSYCHIATRIC CENTERS, INC.



Principal Place of Business

2123 FRANKLIN DRIVE  
 PALM BAY FL 32905  
 US

Mailing Address

2123 FRANKLIN DRIVE  
 PALM BAY FL 32905  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2192895

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRESE, GARY B  
 930 S HARBOR CITY BLVD  
 STE 505  
 MELBOURNE FL 32901

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

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	COTTON, STEPHEN D., PHD	
STREET ADDRESS	2123 FRANKLIN DRIVE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOSELEY, THOMAS H	
STREET ADDRESS	2123 FRANKLIN DRIVE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	S <i>and Treasurer</i>	<input type="checkbox"/> Delete
NAME	COHEN, ROBERT E M.D.	
STREET ADDRESS	2123 FRANKLIN DRIVE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BEIGHLEY, PAUL S M.D.	
STREET ADDRESS	2123 FRANKLIN DRIVE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

**SIGNATURE:** Stephen D. Cotton, Pres 3/24/05 321 724 1614  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #