

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 08:00 AM
Secretary of State

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-2192895	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
	State 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP	P COTTON, STEPHEN D., PHD 2123 FRANKLIN DRIVE PALM BAY FL 32905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400000734135 05/09/07-80114-020 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MOSELEY, THOMAS H 2123 FRANKLIN DRIVE PALM BAY FL 32905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST COHEN, ROBERT E M.D. 2123 FRANKLIN DRIVE PALM BAY FL 32905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: G. J. Cotton Stephen D. Cotton 4/24/07 326 724-1664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #