

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F78847

FILED  
Apr 04, 2008  
Secretary of State

Entity Name: ATLANTIC PSYCHIATRIC CENTERS, INC.

## Current Principal Place of Business:

2123 FRANKLIN DRIVE  
PALM BAY, FL 32905 US

## New Principal Place of Business:

## Current Mailing Address:

2123 FRANKLIN DRIVE  
PALM BAY, FL 32905 US

## New Mailing Address:

FEI Number: 59-2192895      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COTTON, STEPHEN D., PHD  
Address: 2123 FRANKLIN DRIVE  
City-St-Zip: PALM BAY, FL 32905

Title: V ( ) Delete  
Name: MOSELEY, THOMAS H  
Address: 2123 FRANKLIN DRIVE  
City-St-Zip: PALM BAY, FL 32905

Title: ST ( ) Delete  
Name: COHEN, ROBERT E M.D.  
Address: 2123 FRANKLIN DRIVE  
City-St-Zip: PALM BAY, FL 32905

## 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:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN D. COTTON, PH.D.

P

04/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date