

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F78847

FILED
Mar 29, 2012
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 ()

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

OFFICERS AND DIRECTORS:

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN D. COTTON, PH.D.

PRES

03/29/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date