
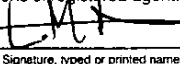
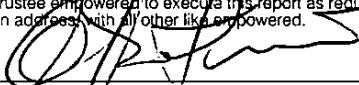


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90077 005 ***150.00

DOCUMENT # J15298			
1. Entity Name DADE PSYCHIATRIC ASSOCIATES, P.A.			
Principal Place of Business 7600 SW 57TH AVENUE STE 225 MIAMI, FL 33143 US		Mailing Address C/O LAWRENCE M. PLOUCHA ESQ. 1946 TYLER STREET HOLLYWOOD, FL 33022-2088 US	
2. Principal Place of Business		3. Mailing Address 100 S.E. 3rd Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 1400	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
		33394	USA
4. FEI Number 59-2745281		Applied For 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	
PLOUCHA, LAWRENCE M. ES ATKINSON, DINER, STONE, BLACK, MANKUTA P.A 1946 TYLER STREET HOLLYWOOD, FL 33022		Name Lawrence M. Ploucha, Esq. Street Address (P.O. Box Number is Not Acceptable) One Financial Plaza, 14th Floor 100 S.E. 3rd Avenue City Fort Lauderdale FL Zip Code 33394	
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 		L M PLOUCHA	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE		4/8/2005	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD PATINO, EDGAR 7600 SW 57TH AVE #225 MIAMI, FL 33143 <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	STD LIEVANO, JORGE ENRIQUE 7600 SW 57TH AVE #225 MIAMI, FL 33143 <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
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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 exemption stated in Section 119.07(3)(i), 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: 		4-13-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
EDGAR PATINO, MD		(305) 663-6366	
		Daytime Phone #	