


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

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 100 SE 3RD AVE STE 1400 MIAMI, FL 33394 US
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01202006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2745281	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

**PLOUCHA, LAWRENCE M ESQ
 ONE FINANCIAL PLAZA, 14TH FLOOR
 100 SE 3RD AVE
 FORT LAUDERDALE, FL 33394**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$160.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATINO, EDGAR 7600 SW 57TH AVE #225 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LIEVANO, JORGE ENRIQUE 7600 SW 57TH AVE #225 MIAMI, FL 33143
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DO NOT WRITE IN THIS SPACE

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

SIGNATURE: _____ DATE: **2/1/06** (305) 663-6361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR