

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90010 050 ***150.00

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03012007 Chg-P CR2E034 (12/06)

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																																																																																																														
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7600 SW 57 AVENUE																																																																																																															
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE # 225																																																																																																															
City & State		City & State MIAMI, FL																																																																																																															
Zip	Country	Zip 33143	Country USA	4. FEI Number 59-2745281																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																													
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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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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 other like empowered.																																																																																																																	
SIGNATURE: 3-5-07 (305) 663-6366 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																	